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THE LARYNGOLOGICAL CAUSES OF THE GREAT WAR*

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From the years 1858 to 1887 there were no two European countries between which there existed more cordial feelings of amity than between Great Britain and that group of kingdoms which in 1871 combined to form the German Empire. These feelings were based partly upon the fact that the reigning houses of Great Britain and a number of these states were closely linked by ties of blood; partly because there was no apparent conflict in the national destinies of the two groups, and partly because of a real admiration and sympathy which the two peoples had for each other.

England and Prussia had fought shoulder to shoulder to destroy the menace of Napoleon, who had given the British Empire the greatest fright of its career, and such a memory was not easily forgotten. France had continued to be England's national rival and in the Franco-Prussian war English sympathies were very markedly pro-Prussian. When Russia's power began to threaten the peaceful continuity of British rule in India, it was a comfort for John Bull at his fireside to know that a military power of growing importance was prepared at any moment to take advantage of Russia's diversions on the southern front.

Even deeper than these considerations was the fellow feeling between the two peoples. Germans and Englishmen were industrious; they were sound artisans; they were interested in manufacture; there was no damn foppery about Germans and there was no double meaning about an Englishman's proposals.

And then, all of a sudden, there occurred an event, tragic in itself—certainly, I believe, inevitable—the management of which was so bungled and so grossly mishandled that between the two peoples and between their rulers there spread a rift which has not yet been bridged.

I am fully aware that the causes of war are very complicated and probably economic in their basis, but just as in those quarrels that arise between individuals, those lifelong animosities which separate two honest and kindly human beings, there is likely to be some little, illogical incident which sets the thing off. So with nations. Some equally trivial incident may sharpen the perceptions as to those differences and ultimately lead to war. The incident to which I refer certainly turned the thoughts of English people towards an entirely different international alliance so that the final set-up was England, France and Russia against the Central Powers.

On the 18th of October, 1831, a son was born to the brother of the King of Prussia.

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As the King, William IV, had no issue, this child had every prospect of inheriting the crown. The son was christened Frederick William. On November 21, 1840, the first child was born to Queen Victoria of England and her German consort, Prince Albert of Saxe-Coburg. The sex was disappointingly female, and the little girl was named Victoria Adelaide Mary Louisa.

When Prince Frederick William of Prussia was twenty and the Princess Victoria was eleven years old, they first met. According to court biographers it was a case of love at first sight on both sides. This is a little difficult to believe in the case of an eleven-year old girl or in the case of a young man of twenty and an eleven-year old girl, unless the Princess was entirely different from any eleven-year old girl that I ever saw. But, at any rate, the marriage was arranged and seven years later, on January 25, 1858, they were married in the Chapel Royal at St. James Palace.

Almost a year to a day after the marriage there was born to the couple a son and heir, who was named Frederick William Victor Albert, partly after his German father, partly after his English grandmother, and partly after his German-English grandfather. The labor was difficult apparently and both child and mother were in some danger for several days. The boy had a brachial paralysis of the left arm, the shoulder socket was injured and throughout his life the arm was deformed and shriveled.

Naturally with so pleasant and close a domestic relationship set up between the two reigning families, with the prospect of brother and sister sitting respectively on the thrones of England and of Prussia, the two countries were influenced to be very friendly towards each other.

In that year of 1859 another event occurred, obscure and unnoticed at the time, but fraught with deep significance to the future of the young couple. A French singing master had a vision. His name was Emanuel Garcia and he avers that while walking in the Tuileries and thinking upon his fondest desire, which was to see the human vocal cords in action, he saw the answer to his prayers in the clouds in the form of a small mirror attached to the end of a long slender handle. He purchased an instrument of this kind in a dental supply store and actually saw his own vocal cords.

During the Franco-Prussian War, Prince Frederick behaved with great gallantry. He was in command of the Third Army, made up mostly of Bavarian troops and personally commanded at the Battle of Weissenburg, which was of great strategic importance because it dashed the hopes of the French army to effect an invasion of the south.

He came out of the war idolized by the German people and with every expectation of a happy and prosperous reign. Personally he was conscientious, courageous, courteous to a degree, and so fair minded that it was said that he intended to return Schleswig-Holstein to Denmark and Alsace-Lorraine to France as soon as he ascended to the throne.

In January, 1887, when the Crown Prince was fifty-six years old, he apparently caught cold and after his convalescence he was left with a hoarseness, which at first caused no concern. The Prince's only attention to it was to say with deprecating smile, "I cannot sing any more." And on one public occasion when he was required to make a speech the hoarseness was so noticeable that he was persuaded to desist.

On March 6, 1877, the throat was examined by Dr. Gerhardt, Professor of Surgery at the University of Berlin. He found a small growth on the left vocal cord and proposed to remove it surgically. He attempted to do this, failed, and burnt it down with a cautery. This operation seemed to do some good. The Prince went to Ems and returned feeling somewhat better.

In the latter part of April, however, the trouble recurred. Professor Ernst von Bergmann was called in consultation. On the 17th of May the Crown Princess wrote to Queen Victoria:

> "My heart is very heavy since this morning as I find that the doctors now discover that the lump in Fritz' larynx is not a simple granulation but is most likely a thing called 'epithelion' and that if it is to be removed it cannot be got at from inside the throat as it may also exist under the larynx in the fold. The celebrated surgeon, Professor von Bergmann, is for operating from the outside and you can imagine that this is not an easy operation or a small one. Of course, Fritz is as yet not to know a word about this."

At a consultation the next day several physicians considered that a cancer of the

larynx was present and proposed a laryngectomy by von Bergmann should be performed. When the Chancellor Bismarck read this report and understood the gravity of the situation he determined that the best expert in Europe should at once be summoned. Bismarck was strongly opposed to the Crown Prince in politics and did not like the Crown Princess but he felt that all differences of opinion should be submerged and, accordingly, in spite of the fact that several specialists, one of whom was an Austrian, were suggested, he acceded to the wishes of the English Princess and they decided to call Dr. Morell Mackenzie of London in consultation.

Mackenzie was a man of acknowledged eminence in laryngology.

Dr. Mackenzie arrived in Berlin on May 20, 1887. He was received immediately by the Crown Prince, who apologized for the trouble which his throat was causing other people. He spoke in English with scarcely a trace of foreign accent but his voice was little better than a gruff whisper. His Imperial Highness offered to submit himself to examination there and then but Dr. Mackenzie ventured to suggest that it would be better that he should first confer with the doctors already in attendance.

He was conducted to another room where he found the following consultants assembled: Professor Gerhardt, Professor von Bergmann and Professor Tobold, Dr. von Lauer, Medical Director-General in the German Army, Dr. Wegner and Dr. Schrader. Dr. Mackenzie says he was surprised to find that although he could name three or four men in Germany whose reputation in laryngology was not confined to their own country, not one of them was present at this time or had been asked to examine his Imperial Highness.

Dr. Wegner read Dr. Mackenzie a report of the case, which was substantially as I have outlined it above. The Crown Prince himself attributed his illness to a severe cold which he caught in the autumn of 1886. While he was driving one evening in Northern Italy with the King and Queen of Italy and the Crown Princess, the coachman lost his way; it became very dark and cold and the Crown Prince had no great-coat with him. He felt that his throat had never been quite well since that evening.

After Dr. Wegner had concluded his report, Dr. Gerhardt described the condition of the Prince's throat when he first saw it.

After hearing these statements, Dr. Mackenzie proceeded to examine the case for himself. The royal patient went into a darkened room with the entire group of consultants, and with a laryngoscopic mirror Dr. Mackenzie saw a growth about the size of a split pea at the posterior part of the left vocal cord. He has left a very full description of its appearance, which does not differ materially from that of Gerhardt. After this examination the consultants withdrew for discussion.

It should be said here that the German physicians had already agreed on the diagnosis of cancer on the following grounds:

"1. The rapid re-growth of the tumor.
"2. The hardness and unevenness of the growth.
"3. The continued non-healing of the wound on the inner part of the tumor.
"4. The defective mobility of the cord.
"5: The certainty of the non-existence of tuberculosis or other specific disease.
"6. The existence of a series of additional corroborative circumstances."

At the first consultation Mackenzie flatly rejected the diagnosis of cancer but made the very sensible suggestion that a piece of the growth be removed for pathologic examination. The German physicians did not believe that it was possible for him to do this successfully. He replied that he realized that there were difficulties in the procedure but he believed it could be done. He then turned to Professor Gerhardt and said, "Will you try?" Professor Gerhardt replied, "I cannot operate with forceps." He then asked Professor Tobold, who also declined, saying, "I no longer operate." They all agreed, however, that the attempt should be made and it was arranged that Dr. Mackenzie would make it.

Dr. Mackenzie had been summoned in great haste and arrived in Berlin without any of his own instruments except those required for a simple laryngoscopic examination. He visited a surgical instrument shop in Berlin but was unable to find any of his own laryngeal forceps. He found one, however, of a French pattern which he decided to use.

The tissue removal was accomplished with success. On withdrawing the forceps and opening the blades, Dr. Mackenzie was able to show a fragment of growth in one

of them. He says that a look of amazement, quickly followed by one of annoyance and disappointment, came over the faces of Professors Gerhardt and Tobold; Dr. Wegner, on the other hand, was delighted and warmly congratulated him. After the operation Dr. Gerhardt made an examination and said that he could see the fragment had been taken from the posterior and under part of the growth. Dr. Gerhardt himself says that he saw a slight loss of the substance of the mucous membrane on the upper surface of the left cord near the edge of the tumor. In other words, he says that he does not believe Mackenzie removed the tumor itself.

This fragment was examined by Professor Rudolf Virchow and declared to be noncancerous. At the same time Virchow said that the affection might be pachydermia laryngis, which is a thickened condition of the larynx resulting from chronic inflammation. If Mackenzie had removed tissue at the edge of the growth it would be natural that Virchow would not find cancer but, as Mackenzie himself says, it is inconceivable that the first pathologist in the world should mistake healthy for diseased tissue and, therefore, he is certain that he removed part of the pathologic tissue.

On May 22 Dr. Mackenzie attempted to remove another piece of tissue. At this time his forceps did not engage and were brought away empty. This, of course, is a common enough event, to which no blame should be attached. The German physicians, however, made much of it. Not only that, but Dr. Gerhardt asked to examine the larynx immediately afterwards, and he had scarcely put the mirror in position when he withdrew it with a highly artistic expression of horror and alarm. When they withdrew to the other room Dr. Gerhardt accused Mackenzie of having injured the right vocal cord (the growth had been on the left cord).

Dr. Gerhardt also said that he noticed Dr. Mackenzie removed the forceps from his pocket and introduced them into the throat without previously cleaning them and that the laryngoscopic reflector fell on the cheek of the illustrious patient instead of in the mouth. Dr. Mackenzie's explanation is that he kept the forceps in his pocket wrapped up in carbolized cotton wool.

Two days later at a general consultation Dr. Gerhardt lowered his voice to a tragic whisper and asked Mackenzie whether he might be permitted to communicate a certain event to the assembled doctors. Mackenzie assented and Gerhardt then proceeded to explain in an artless, pitying sort of way that Mackenzie had injured the right cord. Professor von Bergmann and Professor Tobold both looked at the larynx and agreed that the right vocal cord was injured.

Dr. Mackenzie returned to England and visited Potsdam again on the 7th of June. On examining the Prince's throat he found that the congestion or possible injury which the cords might have received from the previous manipulations, had disappeared.

"I had not proposed to operate till arrangements could be made for some of my colleagues to be present, but finding the occasion particularly favourable, I did not care to let it slip. I accordingly had my forceps brought to me from my room at the top of the palace, and after applying cocaine, succeeded in getting away more than half of the growth."

This specimen was sent to Virchow, who made a microscopical examination and reported on the 9th of June. This report was quite unequivocal, and it must be remembered in Mackenzie's favor that it came from the most famous pathologist in the world at that time and the founder of microscopic pathology.

Virchow said:

"It is proved (i.e., from the examination) that the operation had reached the deep parts, underlying the mucous membrane, yet in spite of the most careful examination of these deeper parts, especially at the cut surfaces, no single portion could be found altered in an appreciable degree. The changes characterize the lesion as an epithelial growth, combined with papillary offshoots, pachydermia verruscosa. In no part could an ingrowth of this epithelial formation into the mucous membrane be detected."

After several consultations with the family and the attending physicians, which are detailed in considerable length by Mackenzie, it was agreed that the Crown Prince should come to London and put himself in Mackenzie's care where, in his own office or hospital, with his own assistants, Mackenzie would have a much better opportunity of removing any part of the growth which might recur.

The situation, so far as the public was concerned, at this point was that the German physicians had made an erroneous

diagnosis and that the English physician, Morell Mackenzie, had saved the Prince from a dangerous and probably futile operation. These reports were published both in English and German newspapers and were naturally very objectionable to the German consultants, none of whom, it must be said to the credit of their diagnostic acumen and to their stubbornness, ever gave up the diagnosis of cancer.

In England the Prince appeared to improve. He rode in the Jubilee procession on June 21 and presented a most striking appearance, at least an appearance which, if we can judge by contemporary description, was that of vigorous health.

On the 28th of June, Mackenzie considered that the growth had been completely removed from the larynx.

Sections presented to Virchow were again reported on July 1, 1887, to be benign.

The Prince left London on September 3 for a winter in the South. Mackenzie says that he warned the Crown Princess of various possibilities—one the return of the tumor even if it was benign, the other the possibility of its becoming malignant.

Mackenzie's assistant, Mr. Mark Hovell, accompanied the party. The party stopped at various places—Toblach, Venice—finally arriving at San Remo on November 3. In the meantime, the observations on the larynx as made by Mr. Hovell and on one or two visits by Mackenzie himself had by no means been encouraging. A growth was seen growing below the left cord and causing considerable edema and perichondritis.

On November 5 Mackenzie was hurriedly summoned to San Remo and on examining the throat the next day he told the Crown Prince that a very unfavorable change had taken place in his throat. His Imperial Highness asked, "Is it cancer?" to which Mackenzie replied, "I am sorry to say, Sir, it looks very much like it, but it is impossible to be certain."

A consultation was now arranged with new consultants, one Professor von Schrötter and the other Dr. Krause of Berlin. It was at this time generally agreed that the disease was malignant. Except for palliative treatments, with the possibility of tracheotomy in the near future, the only treatment suggested was laryngectomy. To this the Crown Princess objected very strenuously, her idea being that she wanted to preserve her husband's life as long as possible and she greatly feared the outcome of an operation. As I shall intimate below, it is quite possible that the Crown Princess never fully understood the seriousness of the condition.

Professor von Schrötter insisted that the decision should be made by the patient himself and on November 11 it was determined that von Schrötter would outline the possibilities of the case to His Highness in person.

The scene was a very dramatic and a very painful one. Frederick behaved himself in every respect with the most admirable courage. He acted as a king and a soldier should in every particular. He is said to have been the calmest person in the room as von Schrötter went forward with his extremely painful and disagreeable task. Von Schrötter told him that in his opinion laryngectomy offered considerable possibility for cure. He instanced the case of a patient of his who had been operated on some time before and who was still alive. He mentioned the fact that this patient was seventy years old and the Crown Prince said, smiling, "That is good for me. It gives me a better chance because I am only in my fifties."

His Majesty retired to consider the terrible decision with which he was faced. In a few minutes the consultants received a communication from His Imperial Highness, written with a perfectly steady hand, saying that he declined to have his larnyx excised but would submit to tracheotomy if it should become necessary. It was then agreed that the operation should, when the time came, be entrusted to Professor von Bergmann unless the emergency was so great that it would have to be done by somebody on the spot.

It is somewhat difficult to understand this decision and the decision of the Crown Princess against radical operation. It is hard to believe that either of them understood the seriousness of the condition. To the physicians, cancer of the larynx meant something in relation to their own clinical background; it meant a rapidly fatal disease. To two people who had never seen

a patient with the disease progress it may have meant something entirely different.

It is notable, Mackenzie said, that Schrötter did not use the word "cancer," yet "he made perfectly clear to the Crown Prince that that was what we believed him to be suffering from." The question is, did he? These misunderstandings based upon the difference in the point of view between the physician and the patient are so frequent that there is room for doubt.

But however confused the sick man may have been, however optimistic the doting wife may have considered the outlook, there was one realist who understood what was happening and was making his plans accordingly. No amount of technical discussion from physicians, no amount of reasonable distrust of human decisions in the matter of diagnosis, obscured the truth in the eyes of Otto Prince Bismarck. The old King was declining gradually. Fate had once more intervened to prevent the imperialistic schemes of the Chancellor from falling into the liberal hands of the Prince Frederick and his wife. He immediately began to cultivate, to instruct, to mold, and to form the young man who was later to be William II.

Physicians reading of this case will undoubtedly wonder why no one suggested iodide of potash. As is generally known, a chronic condition of the larynx of this kind is, in the great majority of cases, either a benign growth, or cancer, or tuberculosis, or syphilis. I have heard a rumor that some physician suggested the use of iodide of potash, which would clear up syphilis if it were present, and that he was deported and lived in exile in San Francisco. As a matter of fact, this was proposed by several of the medical consultants at one time or the other and iodide of potash was given at about this time for ten or twelve days without any favorable effect.

The progress of the case can now be summarized quite briefly:

On December 12 the patient expectorated a large slough of gangrenous matter, which was again examined by Virchow without finding any malignancy.

On February 8, the glottis became œdematous and tracheotomy was decided upon. It was urged that von Bergmann be summoned from Berlin to do the tracheotomy but the condition was so urgent that it was done by a Dr. Bramann. Mackenzie thought that Bramann's canula was too large and it caused considerable irritation.

On February 20, Mackenzie inserted another tube. This situation caused a great deal of irritation between the German and English medical attendants.

On February 22, Kussmaul examined the lungs because von Bergmann thought that there was cancer in the lungs. Kussmaul, however, rejected this idea.

On March 4, a specimen of the growth was removed, which was definitely shown by Waldeyer to be cancerous.

On March 9, Frederick's father, the Emperor William, died and Frederick returned to Berlin, where he became Emperor of Germany although he lived only ninety-eight days.

"The new Emperor was at Villa Zirio at San Remo, when the news was brought of his father's death, and immediately the household of the new monarch gathered in the drawing-room of the Villa. A little later the new Emperor and Empress entered, and the Emperor, moving to a small table, wrote out the announcement of his own accession as Frederick III. His next act was to invest his consort with the ribbon of the Black Eagle, the highest order within his gift. He then greeted Dr. Morell Mackenzie and wrote for him the words: 'I thank you for having made me live long enough to recompense the valiant courage of my wife.' How often must they have talked over what they would do when they ascended the throne, always imagining the splendour of Berlin as the scene!"

Of Mackenzie he asked, "Will there be any danger in my returning at once to Berlin?" Mackenzie replied, "Yes, Sir; there would be some danger." The new Emperor then said, "There are some occasions when it is the duty of a man to run risks, and such an occasion is now before me. I shall return the day after tomorrow."

Mackenzie and Mr. Hovell went with him to Berlin and remained in close attendance.

On March 16, 1888, the funeral of the late Emperor took place. The new Emperor, unable to attend in person, watched the funeral cortège from his palace window.

On April 11, there was some difficulty with the canula and at 5 o'clock in the afternoon von Bergmann came in, in a great state of excitement, removed the canula, cleaned it and tried to put it back. He, however, made a false passage and nearly suffocated the Emperor.

On April 16, a temperature of 103 developed and an abscess was opened at the place where von Bergmann had made the false passage.

On June 7, a fistula broke through between the trachea and the esophagus.

One June 15, Frederick died. Bismarck then asked Mackenzie to make a report on the case and as he was drawing it up he was informed that Bismarck and William had decided to have a post-mortem examination. He regarded this as a plot to trap him into making a statement in the report without knowing that a post-mortem was to be performed. The post-mortem was made by Professor Virchow with the help of Professor Waldeyer, in the presence of Wegner, Bergmann, Bramann, Morell Mackenzie and Mark Hovell. The larynx was found to be almost entirely destroyed, its place being occupied by a large, flat gangrenous ulcer. The mucous membrane immediately below the tracheotomy wound was free from ulceration and scars. A large number of metastases were found in the lungs and several glands.

Hardly was the Emperor's state funeral over than the German consultants published a pamphlet called "Die Krankheit Kaiser Friedrich des Dritten." I regret to say that I cannot give the exact date of the month when this appeared but my copy of the English translation is dated 1888 so it could not have been long after the Kaiser's death. This was an extremely virulent attack upon Mackenzie and accused him of the things which we have already noted: First, that Mackenzie deceived the Emperor as to the nature of his disease; second, that he used forceps without disinfecting them; third, that he could not flash the light on the laryngeal mirror; fourth, that he tore away a healthy piece of vocal cord on the right side (this was on purpose to mislead Virchow); fifth, that Mackenzie was surrounded by press correspondents which enabled him constantly to float his own version of what was going on.

The general populace of Germany took this up and it was reduced to three indictments in the public mind: First, that the German doctors were right about the cancer and Mackenzie was wrong. Second, that the reason Mackenzie denied cancer was present was because of the Hohenzollern law that no Crown Prince affected with cancer could succeed to the throne, which would have made considerable difference to the English Crown Princess after he died. In other words, the Crown Prince's succession made all the difference between a Crown Princess' state allowance and the income of an Empress Relict. This idea can be very easily refuted. In the first place, the German Empire had only been formed for eighteen years and the Imperial Constitution contains no such condition. In the second place, the diagnosis of cancer was made before the Crown Prince acceded to the throne several months before he died. In spite of this, he did ascend the throne and the Empress received her proper allowance. And, third, a charge, which seems to arise at all times in German-speaking countries, is that Morell Mackenzie was a Jew.

It was said that his real name was Moritz Markovicz, and that the grandfather of this so-called Englishman was a Polish Jew of the name of Markovicz, who left Posen and settled in England. To this, Mackenzie made a very amusing and tactful reply. He says:

> "My respected grandfather, who was extremely proud of his Highland descent, and who never set foot outside the United Kingdom, would doubtless have been surprised to hear that he was born in Posen and was a Polish Jew! . . . I need not say that if I really did belong to the remarkable race which has produced so many men of the highest distinction in every department of literature, art, and science, so far from being ashamed of such an extraction I should be proud of it."

At this date what shall our judgment be upon this controversy? I believe that all physicians today would agree that the disease was cancer from the beginning and that the operation would not have been curative. In fact, there was a very good chance that it would have been immediately fatal. What any of them did, therefore, is of no consequence to the outcome.

Both surgery and laryngology were young in those days and the older members of the medical profession can remember with some sense of irony how frequently surgeons of forty or fifty years ago undertook hopefully operative tasks for the removal of cancers which they would now forego altogether as being hopeless. Mackenzie is at pains to show, and there is no doubt about it, that practically every case

of cancer of the larynx so proved, and which was operated, was dead within a few months, or years at the most, from the time of the operation. Even today, with the advantage of the use of radium and the x-ray, as well as operative procedure, the cases which have been called "cured" must be certainly less than 25 per cent and probably less than 10 per cent.

On one side of the ledger, it must be admitted that the German physicians were right in their diagnosis and, quite properly, they were unswayed by the report of the pathologist. Mackenzie's accusations as to the unfitness of most of them, as to the roughness and cruelty of Bramann and of von Bergmann can hardly be justified except for the fact that von Bergmann was undoubtedly extremely rough at one time. The bickerings as to whether the condition in the lungs was abscesses or metastases, as to whether during the Emperor's last hours von Bergmann caused a small abscess in the throat, are matters of very little importance.

On Mackenzie's side, I believe modern physicians would say that his proposal to remove a piece of the growth for biopsy was quite justifiable and that he proceeded in the best modern manner.

After the report of the German physicians Mackenzie published a book called *The Fatal Illness of Frederick the Noble* and it by no means was universally approved by the British medical profession. In fact, he was censured by the Royal College of Surgeons and immediately sent in his resignation.

The quarrel, however, was not confined to the physicians. Aside from the fact that they took the unusual position of appealing directly to the public, with the consequence that the public were made a party to the quarrel, the royal houses of Great Britain and Germany were involved.

Bismarck was once again supreme after the Emperor's death. As soon as it was known that he was dying, a cordon of soldiers was secretly drawn around Friedrichskron. The Master of the Household ordered that no correspondence by anyone inside the Palace, including the doctors, was to be carried on with anybody outside. The widowed Empress was made a prisoner. It was, says Ludwig, "as though a monarch had been murdered, and his hostile successor, long prepared, had seized upon the newly acquired authority."

When Frederick moved into the house known as the New Palace, about a month before his death, he changed its name to Friedrichskron. Less than a month after his father's death, William let it be known that he objected to his father's name being perpetuated in the name of the Palace, and restored its title to that of the New Palace.

When the new Emperor opened the Imperial Parliament he pointedly left out any mention of his father and promised to "follow the same path by which my deceased grandfather won the confidence of his allies, the love of the German people and the good will of foreign countries."

Such petty insults made a complete breach between the two royal houses. When the time came for a German official to announce officially to Queen Victoria the accession of the new German sovereign, another incident occurred. The Ambassador was General von Winterfeldt. He was granted an audience at Windsor Castle. A few days later the British Military Attaché in Berlin wrote to Queen Victoria's Private Secretary, Sir Henry Ponsonby:

> "The young Emperor spoke to me this morning of the cold reception his special Envoy, General von Winterfeldt, had received at Windsor. The Emperor is much hurt."

When this letter was read by Queen Victoria, she wrote:

> "The Queen intended it should be cold. She last saw him as her son-in-law's A.D.C. He came to her and never uttered one word of sorrow for his death, and rejoiced in the accession of his new master."

Such incidents could not be kept from the people of the two countries generally so that the ill feeling which the incident engendered became quite universal. Further consesequences were inherent in the situation itself.

The views of Prince Frederick and the Crown Princess Victoria were notoriously liberal. Unquestionably if they had lived they would have given Germany a liberal constitutional government in the widest sense of that term. Their sympathies were all against Empire, aggression and war. They formed a party completely op-

posed to the policies of Bismarck and the entire Junker group. Personally, Frederick was of the kindliest disposition, generous, thoughtful of his inferiors, infallibly courteous, and the impression which he made on others reflected those qualities. His relations with his English relatives, and with Englishmen in general, were extremely cordial. Everywhere he made a favorable impression. His son and successor was not of his temper, either in regard to domestic or world politics, or his disposition. What his policy in world politics resulted in is only too well known. The impression that he made on the English people may be gathered from the account in André Mourois' *The Edwardian Era.*

At the time of the marriage of his uncle, the Prince of Wales, William had been present and had long retained memories of the ceremony, the splendid cloaks of the Knights of the Garter and the big drum of the Horse Guards. To England he often returned, attracted and anxious. No one ever wanted to have the English love him more than he did.

"In that country of silence and reserve he felt himself loud and loutish, and he displeased by his very desire to please. Everything about him astonished and shocked the English. He was loudly dressed; he was noisy in speech; he rounded off his visits by presenting gentlemen with very ugly tiepins formed in huge Gothic W's. Without any clear perception of the finer shades of distress raised by his presence, he was aware, as soon as he set foot in England, of a vexatious resistance. He strove to impose on his youthful German Court an English code of etiquette: 'ministers no longer dared to come in the evenings without dress shoes, and all the old dowagers kept rubbing their sore feet.' His grandmother, Queen Victoria, was very fond of him. To her he was her 'dear grandson' and that sufficed. In the eyes of the rest of the family he remained the *enfant terrible,* whose outbursts were dreaded. This he knew, and the sense that people wanted to treat him as a mischievous boy made him all the more obstinate."

Whatever the different threads that went to make it up, the consequence was that Edward VII was responsible for forming the entente cordiale between England, France and Russia, and guaranteeing the neutrality of Belgium.

With all these events in mind, is it possible to deny that however deeply rooted the basic cause in economic necessity, that there were some laryngological causes of the Great War?

CARBON MONOXIDE POISONING

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DETROIT, MICHIGAN

Probably the commonest form of poisoning at the present day is that produced by the inhalation of gas containing an appreciable amount of carbon monoxide. This is an ever-present danger due to the fact that practically all so-called "producer gases," including those artificial gases used for heating and illuminating, contain approximately 6 or 7 per cent of carbon monoxide, a concentration which will cause death in a very short time.

Death by carbon monoxide poisoning is preceded by a rather profound stupor, and is characterized by the red color of the skin and the fact that the blood is cherry-colored, due to the formation of a relatively stable compound between the carbon monoxide and the hemoglobin of the blood. This compound may be broken up by the forced inhalation of oxygen at an adequate partial pressure, but mere exposure to the air in which the partial pressure of oxygen is approximately one hundred and fifty millimeters of mercury is inadequate to effect this change because the combination between carbon monoxide and hemoglobin is more stable than that existing between oxygen and hemoglobin.

Natural gas is said to contain a lower percentage of carbon monoxide than does artificial gas, and is consequently less harmful when inhaled. Carbon monoxide is produced whenever imperfect combustion of carbon takes place. It is colorless, odorless, and inflammable, burning with a bluish flame. The principal other ingredients in commercial gases are methane or marsh gas, CH_4, and a variety of substances mostly be-

†Dr. MacCraken is Professor of Pharmacology, Wayne University Medical School.

longing to the paraffine group, which are classed as illuminants.

The frequency with which carbon monoxide poisoning takes place at the present time is due to the extensive use of the automobile with its internal combustion engine, which contaminates the air in every large city. It is impossible to estimate the percentage of carbon monoxide in the exhaust from an automobile, although it is known to be rather high, as deaths caused by inhaling the vapors produced by an automobile running in a closed garage are very common; and the exhaust has been successfully used for the destruction of vermin. The writer has talked at length with a number of members of the traffic division of the metropolitan police, and has found that they are unable to remain at their posts for any great length of time on account of severe headache and other symptoms which probably are produced by inhaling the exhaust from the cars that continually pass them. It seems probable that every city dweller is a victim of chronic carbon monoxide poisoning, which may account for some of the symptoms that we are apt to refer to our present-day speed of living.

Various well-known authorities have stated that the germination of seeds is not affected by the presence of carbon monoxide, although the constant exposure of green leaves to the gas may bring about their destruction. This, if true, would probably be explained by an action of the gas upon the chlorophyll of the green leaf, somewhat analogous to that upon the hemoglobin of vertebrate animals, preventing respiration and causing cessation of vital processes. The writer recently in the course of some experiments exposed seeds to an atmosphere containing a small percentage of carbon monoxide, and found their growth to be definitely inhibited, thereby demonstrating the effect of the gas upon plant growth. Exposure of similar seeds to natural gas failed to produce this effect; and exposure under similar conditions to carbon dioxide did not appear to retard the growth of seeds at all. This would seem to indicate that the gases which are now used for illumination and heating in Detroit are not especially deleterious so far as plant growth is concerned.

But the fumes derived from the multitudes of automobiles which pass constantly on the streets may be harmful, not only to the human inhabitants of the city, but may have a tendency to destroy vegetation, which adds so much to municipal beauty. The remedy for this situation would seem to be either for the public to do less driving and to learn so to control its engine that better combustion would ensue, thus producing more carbon dioxide and less carbon monoxide than the average engine does at present; or else for the manufacturers to produce a better engine in which combustion will be more complete. These propositions seem to be about equally unattainable.

In a case of carbon monoxide poisoning it is not advisable to call the physician unless you are reasonably sure that he can perform artificial respiration. It is, as a rule, much better to call the Fire Department, the Police Department, or the Gas Company, as they are better equipped to cope with the situation than is the average doctor. If the patient begins to breathe voluntarily within an hour or so, he may recover; but if repeated efforts fail to elicit voluntary respiration, he usually dies. Respiration once re-established, the hypodermatic injection of drugs, such as suprarenal extract, may be indicated; and the patient should be kept warm, and receive massage tending to promote the return of the blood to the heart. Once resuscitated, the victim seldom undergoes a relapse, and is not necessarily hypersusceptible to the effect of the gas.

THE RELATIONSHIP OF THE MICHIGAN DEPARTMENT OF HEALTH TO THE PRACTICING PHYSICIAN*

C. C. SLEMONS, M.D.†
LANSING, MICHIGAN

The work of the Michigan Department of Health is little known to many Michigan physicians. Feeling that members of the medical profession are entitled to and desire this information, I take this opportunity of presenting to you a brief description of our plan of organization and activities with special emphasis upon what is done to assist physicians in their work.

Bureau of Communicable Diseases

Communicable disease control has been one of the major functions of the Michigan Department of Health since its organization as the old State Board of Health back in 1873. Many of our activities today are still related, directly or indirectly, to this fundamental objective, though the emphasis has shifted from control to prevention. Perhaps in no other phase of public health protection is close coöperation between physician and health officer more vital to the general welfare. In the Michigan Department of Health all activities related to prevention and control of communicable diseases are administered by the Bureau of Communicable Diseases.

Members of this bureau are constantly analyzing and evaluating reports from health officers in all parts of the state, and advising local health officers and physicians, through the medium of the JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY, of an unusual incidence or outbreak of communicable disease. The director and three epidemiologists are available at all times for field service to physicians and local health officers in the location of sources of disease outbreaks, in consultation regarding diagnosis of rare or unusual communicable diseases, and in isolation and quarantine procedures and their enforcement. State public health laws and regulations are also enforced by an officer attached to this bureau.

A very striking example of the coöperation of this bureau with the local physicians was illustrated by the epidemiological investigation of the extensive trichinosis outbreak at Capac during the past month. The bureau is also sponsoring a special program in typhoid fever control in which every reported case of this disease is investigated by an epidemiologist from the state or local health departments. The follow-up of such cases and the investigation of outbreaks have made possible the discovery and control of 200 typhoid carriers, probably the greatest single public health menace this disease offers today.

This bureau also maintains a system of biologic distributing stations throughout the state where all of the biologics produced by the department are readily available to physicians at any hour. The problem of providing such service through the rural areas of Michigan and at the same time holding the wastage of unused and outdated products to a minimum is in itself no small task.

Advice as to the proper use of biologics is constantly being given to physicians upon request. Demonstrations of certain diagnostic tests and their interpretation are also arranged when desired.

An epidemiologist especially trained in tuberculosis control is in direct charge of this phase of the work. He gives service to physicians, either directly or indirectly, through local health officials and nurses in providing for tuberculin testing and x-ray service, and in arranging for hospital or sanatorium care. Likewise, he assists in follow-up work of patients and contacts to help ensure that such individuals carry out instructions given by their family physician and report to him as advised.

The bureau collaborates in the writing of educational pamphlets on the common communicable diseases. These are available to physicians and are used by many for distribution to their patients. References to scientific articles are also furnished to physicians upon request, particularly for the uncommon communicable diseases, and ad-

*Presented before the Detroit Academy of Medicine, January 26, 1937.

†Dr. Slemons studied at the University of Illinois and the Detroit College of Medicine, graduating from the latter institution in 1905. The degree of Doctor of Public Health was conferred on him by Wayne University in 1931. He is non-resident lecturer at the University of Michigan and Wayne University. He is Commissioner of Health for Michigan.

vice is occasionally requested and given on the treatment of such diseases.

Bureau of Engineering

Work in environmental sanitation is as basic in the department's program as efforts at communicable disease control, and of course the two are inseparably related. All activities having a sanitary engineering aspect come under the Bureau of Engineering. These activities include supervision of public water supplies, sewerage systems and sewage treatment plants, garbage collection and disposal, natural and artificial swimming areas, and resorts and tourist camps.

The engineers examine plans for all new water systems and extensions to existing systems and for public sewerage systems and artificial swimming pools. If the plans are satisfactory, they are approved and a construction permit is issued.

An unprecedented advance in both water supply and sewage disposal facilities has been made possible within the past five years by grants of federal funds. As a result of this rapid improvement, the unsafe and questionable public water supplies in the state can be counted on a single hand, and with completion of the Detroit sewage treatment plant the sewage from approximately 80 per cent of the urban population will receive treatment before being discharged into public water courses. I need not emphasize what this may mean to the public health of the future.

A popular phase of the bureau's work is the inspection of roadside water supplies for the protection of the traveling public. Safe supplies are marked with a metal sign. Resorts and camps are annually inspected and rated, and golf course water supplies are receiving increasing attention.

Training of water and sewage treatment plant personnel throughout the state is an interesting phase of the bureau's work. With the coöperation of Michigan State College, short course schools are held annually for operators. The bureau also conducts examinations for certification of the personnel. Every effort is made to ensure the effective operation of these plants.

Bureau of Laboratories

The Bureau of Laboratories of the Michigan Department of Health is essentially a service division to other bureaus of the department and to the physicians of Michigan. We have a branch laboratory in Houghton and a division of the laboratories in Grand Rapids to facilitate the service.

The laboratories furnish fundamental scientific information for the control of communicable diseases. The laboratories serve the Bureau of Child Hygiene and Public Health Nursing, The Bureau of Engineering, Stream Control Commission, State Police, State Welfare Department, State Administrative Board Construction Division, and the State Geologist. Medico-legal work is also done for sheriffs and prosecuting attorneys of the various counties.

In addition to this, there are certain statutory functions that the laboratories are required to carry out:

First, the laboratories are required by law to manufacture and distribute biologic products for the control of communicable diseases. At present the laboratories are manufacturing for free distribution diphtheria antitoxin, Schick test material, alum precipitated toxoid, scarlet fever antitoxin, smallpox vaccine, typhoid fever vaccine, tuberculin, rabies vaccine, tetanus antitoxin, and antimeningococcic serum. Silver nitrate ampules for ophthalmia neonatorum are also distributed free. We manufacture some scarlet fever toxin for active immunization for experimental purposes only. We are preparing antipneumococcus serum, Types I, II, V, VII and VIII. We are not yet distributing antipneumococcus serum and we cannot until additional funds are available.

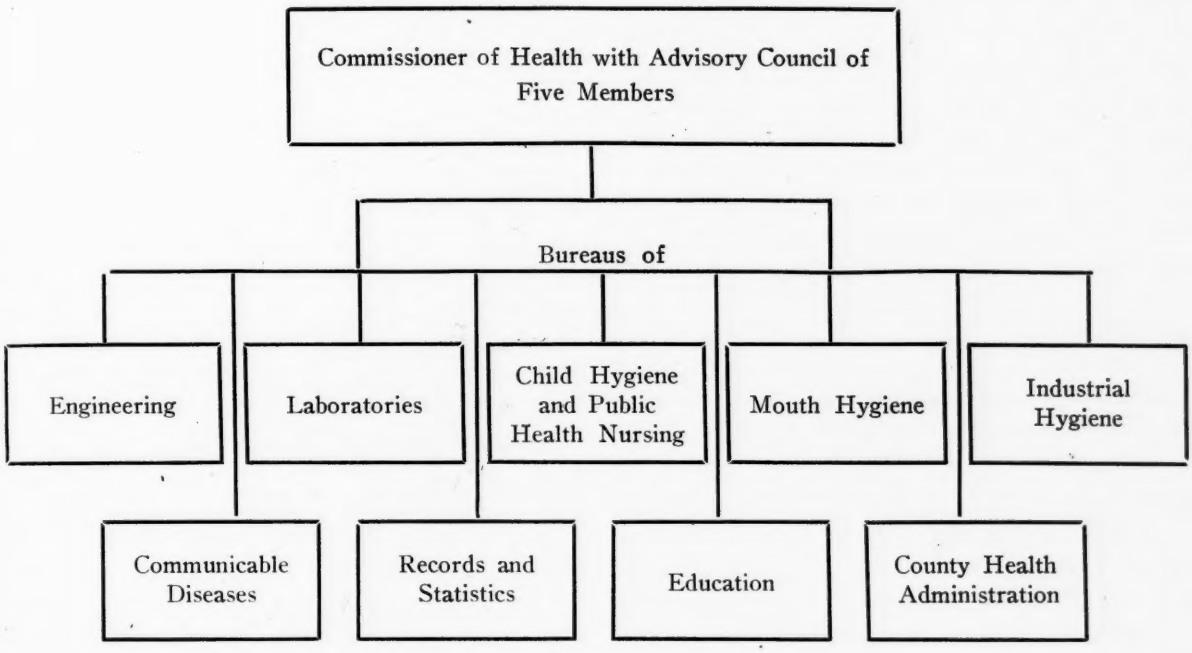
State production of biologics saves the public a large amount of money and, incidentally, saves the physician money also in the unpaid bills of his patients for biologic products. The distribution of these products has increased approximately 25 per cent in the last two years. If the City of Detroit had been forced to buy on the open market products received from the Michigan Department of Health last year, it would have cost them, at the lowest contract price, more than a hundred thousand dollars. A proportionate amount was also saved in other urban and rural districts.

The next most important statutory function of the laboratories is the regulation and control of public laboratories selling service. There are approximately 150 laboratories selling some form of service related to the control of communicable diseases. In 1920

there were only twelve laboratories in the State making examinations in the serodiagnosis of syphilis. It was extremely difficult to get any agreement among these laboratories. In our last check-up of the 111 laboratories making examinations in the serodiagnosis of syphilis, the tabulation of reports on the same specimens showed that only three failed to check with sufficient accuracy to be diagnostic on the specimens sent out. These three laboratories have since repeated the test and have found the source of their difficulties. I believe that the serodiagnosis of syphilis in Michigan is remarkably dependable. Laboratories are also checked for examinations for tuberculosis, gonorrhea, and diphtheria. As time permits, other tests will be devised for raising the standard of the service. The improvement in the four years that this law has been in effect is amazing.

The teaching function of the laboratories has been developed to a point where credit for courses at the Lansing laboratory is given by the University of Michigan, Michigan State College, Olivet College and Albion College. We have developed a method of selecting our junior bacteriologists and training people for other jobs that seems to function satisfactorily. We admit university or college graduates to a six to nine months period of training. They follow a rotating system similar to interneship in a hospital. From these volunteer workers we make recommendations to laboratories in need of laboratorians.

ORGANIZATION
OF THE
MICHIGAN DEPARTMENT OF HEALTH



In the last year the Commonwealth Fund has made a commitment for the study of pneumonia products. The funds were given to the State of Michigan to attempt to lower the cost and improve the quality of such products. The appropriations have been made by the Commonwealth Fund for the first three years of the study with the understanding that grants for the last two years of the five-year study would be passed upon depending upon the status of the research at the end of the three-year period. Much of the work on this problem is chemistry and immunology and will be done at the Biologic Products Division of the State Laboratories in Lansing. The clinical aspects of the study will be carried out in Receiving Hospital in Detroit. A portion of the expense of doing the pneumonia work in Receiving Hospital will be paid by the Commonwealth Fund.

At the Grand Rapids division of the lab-

oratories, for several years Dr. Kendrick has been investigating the antigenicity of pertussis vaccine. The results have been very promising—not nearly as contradictory as some of the other published material on whooping cough vaccine. At the moment this investigation is stopped as it was largely supported by W.P.A. funds which have been exhausted. We have every hope that it will be started again shortly.

Through W.P.A. funds the State Department of Health was able to construct a new building north of Lansing adjacent to the Biologic Products laboratory, thereby consolidating its technical work. The building will also house the laboratories of the State Department of Agriculture. There is every reason to believe that much duplication of service can be eliminated with proper correlation. The laboratories are now moving into the new quarters and will be settled within the next month and ready for visitors.

Bureau of Records and Statistics

Michigan has the second most complete state system of vital records in the country. Massachusetts was the first state to require registration of births and deaths, passing a law in 1837, and the Michigan law was enacted in 1867. We have on file in the Bureau of Records and Statistics approximately eight and one-quarter million records. Each year this total is increased by reports of approximately 100,000 births, 50,000 deaths, 30,000 marriages and 10,000 divorces. This is, to say the least, a tremendous job of bookkeeping. All of these records are indexed and immediately available and they are in constant demand by persons throughout the state for legal purposes.

The Bureau of Records and Statistics compiles the daily information on the prevalence of communicable diseases that is such a necessary safeguard in the control of epidemics. It studies the death certificates, those important records which determine the public health program and are an index of its success. As a result of these statistical studies, articles are prepared for publication in the JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY, *Michigan Public Health,* and the press of the state. Such data aids the medical profession and local health officials in knowing when, where, and to what extent disease exists throughout Michigan. The current analyses which are made of the causes of death among the various age and sex groups are of vital importance in effectively directing a program of preventive medicine and positive health education.

Bureau of County Health Administration

The provision of better public health service for rural areas has been a recognized need in Michigan, as in other states, for many years. Upon the local administrative unit, whether it be city, county or district, rests the final success of the public health program. However well organized and efficient a state health department may be, its functions are inevitably, and rightly, advisory and supervisory. The local unit is the one that carries on the day-to-day program that protects, or fails to protect, the community's health.

Michigan's system of local health administration dates back to 1832, when the Legislative Council of The Territory of Michigan passed "An Act to Provide for the Preservation of the Public Health in the city of Detroit, and other Places in the Territory of Michigan." From that time to 1927, when the county and district health department law was passed, local administration depended upon an unwieldy group of health officers, most of them part-time, many of them laymen, and all of them underpaid. Only the cities had adequate service.

The picture is very different now. Assistance from the Children's Fund, the W. K. Kellogg Foundation, local governmental units, and lately the Social Security Act, added to the subsidy from the State has made possible full-time public health service under trained personnel in 53 of the 83 counties in Michigan. More than 50 per cent of the rural people of the state now enjoy the health protection that is admittedly the minimum permissible under enlightened government.

The program of the county health departments as carried on in Michigan provides for the following services:

A communicable disease service which, in addition to the usual procedures of isolation and quarantine of sick individuals, lays special emphasis upon the necessity of increasing community resistance against such

epidemic diseases as diphtheria and smallpox, and endeavors to interpret to the public the services which are available to them from the practicing physician and the desirability of their making use of them.

A program for the improvement of environmental sanitation.

A maternal and infant hygiene service which has been worked out with the coöperation of the physicians in each of the organized counties, and which has resulted in a statistically significant reduction in both infant and maternal deaths in these counties, as compared with counties which remain to be organized.

A pre-school and school hygiene program which stresses the desirability of periodic health examinations and encourages parents to have such defects as are found corrected. As a result of these examinations, many children are discovered to have remediable defects of which the parents had no previous knowledge. These are referred to their family physician or dentist for treatment.

A crippled children's program which is largely concerned with case finding and acquainting parents with the provisions made in Michigan for treatment and rehabilitation of such children.

In addition to these activities, the county health departments act as distributing stations for biologics provided free to the physicians of the state by the Michigan Department of Health.

All of the activities of the county health departments are carried on with the coöperation of interested lay and professional groups, and one of their most productive activities is the education of the people in the community to a better appreciation of the services which are available to them from the practicing physicians and dentists.

Bureau of Child Hygiene and Public Health Nursing

Promotion of maternal and child health activities is the function of the Bureau of Child Hygiene and Public Health Nursing. A separate division within this bureau works in an advisory capacity with public health nurses throughout the state and directly supervises all county nurses.

During the past year this bureau has administered a greatly expanded maternal and child health program made possible by special financial grants from the Federal Children's Bureau as authorized under the health provisions of the Social Security Act. The detailed budget of funds expended under this enlarged program is given in an accompanying outline. The program itself has been developed in coöperation with the council and interested committees of the Michigan State Medical Society and with representatives of the Michigan Branch of the Academy of Pediatrics and the State Nurses' Association.

Following the approval of these organizations, the program was presented and accepted by each local county and district medical society before it was initiated. As a result, a three-fold state-wide educational program in maternal and child health is in operation, various phases of which have been conducted for the additional instruction of the health professions, the education of parents, and the protection of children. The ultimate objective of the program is the creation of a permanent community sense of responsibility for the health of its mothers and children.

The first phase of this expanded program was a plan for post-graduate instruction for physicians. A refresher course in obstetrics was conducted for six weeks by the chairman of the Maternal Health Committee of the Michigan State Medical Society at four centers in the northern part of the Lower Peninsula. The course was free to all physicians and the resulting attendance indicated a gratifying interest. Future courses in pediatrics and obstetrics are being planned for this and other areas of the state.

In addition to the refresher course a special series of lectures related to maternal and child health has been prepared for the regular University of Michigan postgraduate courses in accordance with plans developed in coöperation with Dr. James D. Bruce, vice president of the University and dean of postgraduate medicine.

As an additional aid in this professional educational program, a motion picture on prenatal care has been made at Harper Hospital, Detroit, with the coöperation of the Maternal Health Committee of the Michigan State Medical Society. Expenses of members of this committee or physicians recommended by the committee are provided for lectures on maternal health.

Essential to the efficient development of

the maternal and child health program has been the special training of nurses for this service. Intensive training courses have been conducted by the University of Michigan for this purpose, and many of the graduates of these courses are now conducting the programs in the various counties with the coöperation of the local medical societies. The prenatal nursing service includes home calls on prenatal patients, instruction according to the desires of the attending physician, reports to the attending physician after the initial call on his patients, and follow-up calls after delivery to encourage final check-up by the physician. Twenty nurses are now in the field carrying on prenatal nursing services or the general maternal and child health program. In fact, with the inauguration of this program during the past year, practically every county in Michigan for the first time is served by at least one public health nurse, sponsored either by state or local health departments.

The general educational program of this bureau is directed to parents in an effort to create a demand for earlier, more frequent, and adequate medical supervision of mothers and infants. Women's classes are conducted by staff physicians and the topics of the sessions which continue for eight weeks include Common Emergencies and How to Meet Them, The Body and How it Functions, Special Health Problems of the Adolescent and the Woman, The Beginning of Life, Care and Training of Babies, Care and Training of Young Children, Preventing Acute Infectious Diseases, and Food in Relation to Health and Disease.

Many women are reached through the series of prenatal letters which are mailed once each month to prospective mothers on request of physicians or the mother herself. These letters call attention to the importance of early and regular medical care during pregnancy and childbirth, and they include general advice on the hygiene of pregnancy.

Another form of group education conducted by this bureau is that provided for high school girls through child care classes taught by staff nurses in rural schools. These classes cover a period of twelve weeks and consist of talks and demonstrations on the care of infants and growing children with special reference to medical supervision, protection against communicable diseases, and nutrition.

In addition to functions already outlined, the general lecture service of this bureau and carefully prepared instructive literature all contribute to the educational program to lower morbidity and mortality and to raise health standards among mothers and children.

Bureau of Mouth Hygiene

The progress of medical science in discovering causes of disease has led to the inclusion of mouth hygiene in the public health program. Since infections of any kind may seriously affect health, and since the teeth are one of the greatest sources of chronic infections, health agencies are interested in securing the prevention or removal of such infections. Emphasis is placed upon work with younger age groups where preventive measures are of the maximum value.

The Bureau of Mouth Hygiene of the Michigan Department of Health was established on January 1, 1926. Until this year, the personnel has consisted of a director and a part-time stenographer. With additional funds made available through the Social Security Act, a dentist and a dental hygienist have been added to the staff, and the stenographer gives full time service.

The work of the bureau is entirely educational. The activities consist of lectures, demonstration examinations, consultations, and the provision of educational material. These are carried on mainly through the schools, the teacher training institutions, and interested adult groups such as parent-teacher associations and mothers' clubs.

Bureau of Industrial Hygiene

The most recently created service of the department is offered through the Bureau of Industrial Hygiene. The work of this bureau adds another link in the efforts of the department to better the health and living conditions of the individual from the prenatal period to the grave. The purpose of the new bureau is to study the conditions under which people earn their livelihood and to correct those conditions known to cause industrial diseases. The bureau will furnish service to the employer and the employee, either feeling free to appeal to the bureau for investigation and correction of unfavorable conditions.

Industrial hygiene is primarily a problem that requires the close coöperation of the physician and the engineer. The physician has always had these cases come to him, but he has had no engineering service available to assist in locating the cause of trouble and in correcting it. The department is now making this engineering service available to the medical profession of the state. The Bureau of Industrial Hygiene will be equipped with scientific instruments for the determination of dust concentrations and the presence of poisonous solids, liquids, gases, vapors, mists and fumes, and all of these facilities will be available to physicians interested in determining the conditions responsible for the cases coming to their attention.

At the present time the Bureau of Industrial Hygiene is coöperating with the Bureau of Communicable Diseases in a study of high pneumonia morbidity and mortality in a foundry in western Michigan.

Shaded portions show counties having full-time county or district health departments.

Bureau of Education

To list education as a separate activity of the department is in a sense misleading because education is the underlying objective of practically every phase of the public health program. Only when such a pro-

gram is clearly understood by the people it is designed to serve and actively supported by them can it be expected to succeed. In the older and more restricted field of communicable disease control, legal compulsion played a part, and even today no health officer would minimize the value of a sound background of legal machinery. But compulsion is never as effective as persuasion, and in the broader program of disease prevention and health promotion to which the health professions are now committed, popular education is the one indispensable factor. The objectives of this program and the steps by which they are to be attained must be understood and subscribed to by the so-called man on the street before he will do his part, and his part is of growing importance.

As you will have noted, three of the nine bureaus of the Michigan Department of Health do nothing but educational work—the Bureau of Child Hygiene and Public Health Nursing, the Bureau of Mouth Hygiene, and the Bureau of Education. The latter bureau carries on what might be termed the department's general publicity program. On the staff of this bureau is a field representative who fills as many as possible of the hundreds of requests that we receive for general health talks before various organizations. A Health News Service to the 450 daily and weekly newspapers of the state is prepared by a staff member trained in journalism. This service has just one objective, to keep the people informed on health happenings so that they can protect their own health and give to their local health authorities any needed cooperation. Through this medium we are striving to build up in the minds of the great newspaper reading public a familiarity with the everyday principles of health protection and promotion, and a realization that the safeguarding of the public health is an accepted function of good government.

The Bureau of Education also edits the monthly bulletin of the department, written especially for members of the health professions and interested laymen. This affords us a continuing contact with approximately 5,500 persons interested enough to ask that the bulletin be sent to them. All of our educational service is free to residents of Michigan, but it is given only in answer to request. We do no wholesale circularizing or distributing of pamphlets.

MICHIGAN DEPARTMENT OF HEALTH

Social Security Funds — U. S. Public Health Service

Year ending June 30, 1937

Central Administration		$59,200.00
Laboratory	$11,100.00	
Education	1,800.00	
Records & Statistics	3,900.00	
Engineering	4,800.00	
County Health Adm.	6,900.00	
Mouth Hygiene	7,800.00	
Communicable Diseases	5,500.00	
Industrial Hygiene	12,900.00	
Equipment	1,000.00	
Maintenance	500.00	
Administration	3,000.00	
Counties		82,392.00
Genesee	10,600.00	
Isabella	3,500.00	
Kent	8,200.00	
Midland	3,800.00	
Ottawa	9,020.00	
Saginaw	4,220.00	
Oakland	16,887.00	
Wexford	5,450.00	
Dist. No. 3	4,340.00	
Dist. No. 5	7,375.00	
Dist. No. 6	4,500.00	
Dist. No. 7	4,500.00	
Cities		62,630.00
Detroit	30,000.00	
Battle Creek	2,500.00	
Flint	7,380.00	
Grand Rapids	8,300.00	
Pontiac	6,200.00	
Saginaw	8,250.00	
New County Health Units		31,500.00
Delta	4,500.00	
Houghton-Keweenaw	9,000.00	
Iron	4,500.00	
Mason-Manistee	4,500.00	
Menominee	4,500.00	
Mecosta-Osceola	4,500.00	
Training		44,567.00
		$280,289.00
Appropriation	$280,293.00	

Visual education has become increasingly popular during the last few years, and we have on the Bureau of Education staff a commercial artist who prepares charts, graphs, posters, and exhibit material for all of the bureaus and for loan use to local school and health authorities.

The department library of approximately 4,500 volumes with an unusually complete subscription list of 56 scientific journals is under the direction of a trained librarian and serves to keep the staff up to date as well as being available to anyone in the state wishing public health reference service.

Not the least of the responsibilities of the Bureau of Education is the answering of

MICHIGAN DEPARTMENT OF HEALTH
Social Security Appropriation
For Maternal and Child Health Services
July 1, 1936 to June 30, 1937.

	Personal Service	Travel
Administration	$4,500.00	$2,200.00
Two Field Physicians	2,120.00	1,100.00
Two Nursing Directors	400.00	600.00
Seven Prenatal Nurses	8,825.00	4,435.00
Fourteen Maternal & Child Health County Nurses	20,125.00	8,855.00
Ten Child Care Nurses	12,175.00	6,333.34
Physician conducting postgraduate lecture course in obstetrics	3,000.00	900.00
Refresher Courses	2,500.00	
Maternal Health Committee		2,288.66
	$53,645.00	$26,712.00

Total personal service and travel....$80,357.00
Supplies, or all other expenditures... 34,544.51

Total $114,901.51*

*Total appropriation for July 1, 1936, to June 30, 1937, plus a balance from June 30, 1936.

the thousands of letters received in the department asking for general health information. Many of these are taken care of by sending one or more of the forty popular pamphlets that we issue on the communicable diseases, sanitation, maternal and child health, mouth hygiene, and social hygiene. These letters, more than half of them from laymen who have no connection with the health professions, are an indication of a widespread interest in health that is one of the most encouraging signs of progress.

The operation in Michigan of the Social Security Act as it relates to public health will be of interest to you. The appropriations made come under two classifications, those for public health work in general and those for maternal and child health. Those for public health in general are "for the purpose of assisting States, counties, health districts, and other political subdivisions of the States in establishing and maintaining adequate public health services, including the training of personnel for State and local health work." Those for maternal and child health services are "for the purpose of enabling each State to extend and improve, as far as practicable under the conditions in such State, services for promoting the health of mothers and children, especially in rural areas and in areas suffering from severe economic distress."

How the Social Security funds are being spent in Michigan is shown by the two budgets which I have handed to you.

You will note, also, that I have given you a map showing the counties having full-time county or district health departments. This will make clear at a glance the status of local health administration and will complete the brief outline I have given you of official public health service in Michigan today as it refers particularly to the practicing physician.

MULTIPLE NEUROFIBROMATOSIS OF VON RECKLINGHAUSEN*

R. F. WEYHER, M.D.†
DETROIT, MICHIGAN

Multiple neurofibromatosis was first recorded scientifically by Tilsensin, in 1793. Virchow's description, in 1863, was followed, nineteen years later, by von Recklinghausen's exhaustive treatise, after which his name was attached to a group of puzzling and bizarre diseases which all have one fundamental tendency in common, *i.e.*, multiple tumor growth. The terminology of these diseases itself is bewildering. For example, elephantiasis neuromatosa, molluscum fibrosum, adenoma sebaceum and subungual fibromateosis may all be varieties of the same condition.

Although much work has been done in this field recently, in an attempt to subdivide and clarify the etiology, the list of pathological states grouped under this heading is growing larger. They may be subdivided into two main types, those exhibiting prin-

*Read before the Clinico-pathological Conference at Providence Hospital, April 10, 1934.

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cipally bone lesions, such as osteitis fibrosa cystica or parathyroidism, and those showing chiefly skin changes.[15] The case to be described belongs to the latter group.

Some of the confusion arises from the fact that although the cutaneous manifestations are the most striking, pathologically the tumors are generally considered of a neurogenic origin.

Ewing[6] ascribes the difficulty in classification to the complicated nature of the nerve trunks, from which tissue the tumors arise. He states that the underlying factor is a disturbance in the relations of the fœtal ectoderm and the tissue it ennervates. The recent work of Ballin and Morse, and the following case, however, point to an endocrine factor in at least a large number of these patients.

Although varying astonishingly in size, (from the head of a pin, to a mass weighing forty-one pounds), the tumor growths have several common characteristics, such as pigmentation (usually a "cafe au lait" color), a seedless-raisin like consistency, and following injury, a tendency to hemorrhage, stimulation, and growth. Moreover, all types of von Recklinghausen's disease show a definite tendency to sarcomatous change.

In addition to any part of the body surface, they may develop in the iris, optic nerve,[8] the brain, meninges, and spinal cord,[13] the stomach,[9] the labia,[1] the external auditory canal,[19] the hard palate,[10] the bladder,[12] and the adrenals.[11]

Neurofibromatosis may be present at birth or may develop at any age. It is as common in males as in females, but is rare in negroes, although a few cases have been reported.[18]

There is a definite hereditary tendency, according to several authors,[2,3,12,16] though the children may exhibit only incomplete forms of the disease. Prieser and Davenport state that von Recklinghausen's disease occurs in successive generations and is a dominant factor in inheritance.

The prognosis is hopeless for recovery, but good for a considerable length of life after the development of the tumors. Death occurs frequently from sarcomatous degeneration, occasionally from hemorrhage after trauma, sometimes from progressive involvement of the whole peripheral nervous system, after which such patients become cachectic, listless, and eventually die from general exhaustion (Unna), and not infrequently on the operating table during removal of the larger tumor masses.

The complications may be mechanical, surgical, mental, or malignant.

Knapp[14] describes a white male of twenty-five whose left ear lobe hung down like an apron over the neck, and whose upper eyelid, nostril, and upper lip on the left side lay in folds like a proboscis. Mechanical pressure on the cord from these growths may cause paralysis. Several cases have been reported in which uncontrollable hemorrhage, severe shock,[4] and sudden death occurred during surgical anesthesia, or during attempted excision of the larger growth. Mental changes are not constant, but when present, usually develop at an early age.[4] In Phillips's case,[16] the entire family showed a low mental and moral development. Malignant change, nearly always sarcomatous, may occur spontaneously but it is very prone to develop after surgical trauma. Even after apparently complete excision, the scar may develop a sarcoma within a few months.[11,20] In addition to surgery, other forms of treatment are also very unsatisfactory. Endothermy has been tried on these growths without success, because the tumors returned larger than before.[7] X-ray therapy in the following case was of some benefit.

Case Report

Mrs. E. B. was examined on October 10, 1933. She had noticed a growth on her right shoulder since birth. Her father died of laryngeal carcinoma and her stepfather died of prostatic carcinoma and tertiary syphilis. Her mother has tertiary syphilis at present. Her husband, a half sister, and one brother are well, none having any skin abnormalities. At about six months of age she had measles, varicella, and pertussis. Variola occurred at eight years, and diphtheria at nine. She completed the eleventh grade in high school and was the best student in her room in geometry. She was told, at the age of fourteen, that she had a "heart leakage." She married at twenty, and was delivered of her first child instrumentally at twenty-one, which was apparently normal in every way. It died at eighteen months of pneumonia. The second child was born spontaneously six years ago. He is mentally alert, and is underweight (38¼ pounds), but 44 inches tall. He presents an oval patch of long sparse black hair over the upper sacrum, and three small brown pigmented areas over the abdomen.

The third child, aged three, is 37 inches tall and weighs 30 pounds. He shows a somewhat protuberant abdomen, an internal right strabismus present since one year of age, one small hairy patch on the right shoulder, and a rather stupid, listless expression.

Shortly before the onset of her menses (at fifteen), the patient began to notice various sized, painless, soft, pink and brown mole-like tumors which first developed on her back, then on her face, arms, and hips. These remained about stationary until after the birth of her first child at twenty-one, when many new tumors developed over her whole body and some of the pre-existing masses increased in size.

For a year before her death, she became increasingly short of breath and easily fatigued. There was no chest nor arm pain but an occasional slight cough on exertion. During the last six months, the pendulous mass on the right shoulder enlarged to about twice its former size. It also became moist and gave off a heavy unpleasant odor. There was a dragging sensation in the mass for some years, and for several months a dull ache and an occasional sharp pain in the shoulder at its site of origin. Her habits and remaining history were irrelevant.

Physical examination showed a very thin young white female of twenty-nine years, height 62 inches, weight 89 pounds, with a temperature of 98.0 and a pulse of 90 to 104.

There were approximately four hundred soft spherical raised tumors varying in color from bright pink to dark brown, and in size from a pin head to a large grape, scattered over the face, torso, back, arms, and thighs, but not on the scalp, hands, nor legs below the knees. The tumors were thickest around the nipples and the trunk. A pendulous, very soft, dark brown, flat mass about 2 to 3 cm. thick, approximately 6 cm. wide, and 20 cm. long extended from the skin over the right clavicle. It felt like scrotum, was quite moist, and had a rather strong sebaceous odor.

Severe dental caries, infected septic tonsils, a small but indurated, symmetrical thyroid, a right Bartholin's cyst, a lacerated chronically inflammed cervix, and a retroverted uterus were also found. Both ear lobes were small and the right auricle showed a duplicate tragus. The neck showed visible venous pulsation and the heart was somewhat rapid but regular. There was increased dullness and a marked systolic palpable thrill along the right sternal border, felt best in the second interspace; and a loud sawing systolic murmur at the aortic area, transmitted down to the base of the heart and to the left. The blood pressure was systolic 138, diastolic 104. The blood Wassermann was negative in April, 1930, and the Kahn was negative in November, 1933. The spinal fluid presumptive and Kahn tests were negative on March 22, 1934. The urine was normal, the hemoglobin 14.4 mgms. per 100 c.c., erythrocytes 4,530,000, leukocytes 7,300, color index .97, neutrophiles 80 per cent, small lymphocytes 20 per cent and the microscopic blood picture was normal. The basal metabolisms were plus 24 per cent and plus 32 per cent. Tle blood serum calcium was 13.0 mgm., two weeks later 14.3 mgm., and three months later 10.42 mgm., and two serum phosphorus estimations were 3.73 mgm., and 3.0 mgm. The spinal fluid total calcium was 7 mgm. The blood clotting time was 5½ minutes on March 6, 1934. A twenty-four hour urinary excretion showed the calcium to be 0.12 mgm. and phosphorus 0.444 mgm.

Two electrocardiographs made at separate laboratories showed a high Q.R.S. voltage, normal sinus rhythm, inversion of leads I and II, upright lead III, and left axis deviation. The conclusions were "serious myocardial damage, left ventricular preponderance, coronary artery disease, and aortic involvement of probably acquired origin."

X-rays of the chest corroborated some of these findings as there was a definite localized dilatation of the ascending portion of the aorta. There was no evidence of enlargement of the cardiac shadow, roentgenographically. Fluoroscopically, the aortic dilatation was seen to pulsate synchronously with cardiac systole and to be expansile. It was most prominent in the third interspace, anteriorly, and shifted in position, along with the rest of the mediastinal contents, when the patient was placed semi-horizontally.

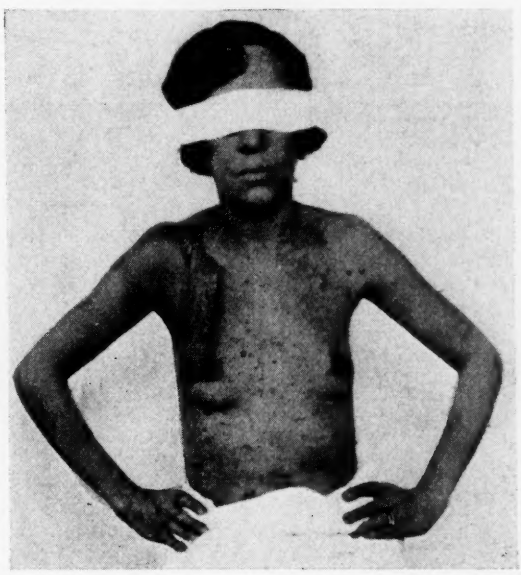

Fig. 1. Appearance of patient upon examination.

A roentgenographic study of the chest was made by Dr. Hans Jarre who concluded that there was a dilatation of the first portion of the ascending aorta, which was not aneurysmal in the sense of a diseased process in the aortic coats, and was not accompanied with any roentgenographic cardiac enlargement. He did not consider this to be a congenital process.

An x-ray of the skull showed a characteristic box like spreading of the sella turcica with relative thinning out of the posterior clinoid processes. X-rays of the pelvis, long bones, and spine were negative.

Two of the larger pendulated tumors on the back were removed and sectioned. Dr. James E. Davis' report of the microscopic findings showed the tissue to have the general architecture of fibrous tissue with very numerous small oval nuclei. At the periphery the nuclei were not so numerous and there was more vascularity. In the older portions of the section, the cell picture was essentially that of nervous tissue but there were places where the connective tissue was definitely increased and young fibroblasts were present. The diagnosis was neurofibroma.

Treatment

Because of the history of dyspnœa, slight cough on exertion, and the electrocardiograph findings, the patient was given digitalis leaf powder to the point of tolerance continuously for two months with no improvement of these symptoms. From November 29, 1933, to February 28, 1934, she was given seven treatments of unfiltered x-ray therapy to the epaulet-like shoulder

mass. One month later this tumor was decreased about 25 per cent in size. It was dry, more wrinkled, and the former unpleasant odor could not be detected. The patient stated that no pains had occurred in the mass for several weeks.

spells in bed, and at 7:30 P. M. became very agitated, sat up suddenly and fell back dead.

After embalming had been completed the next morning, autopsy permission was obtained, with the provision that no dissection of the head would be made. The body

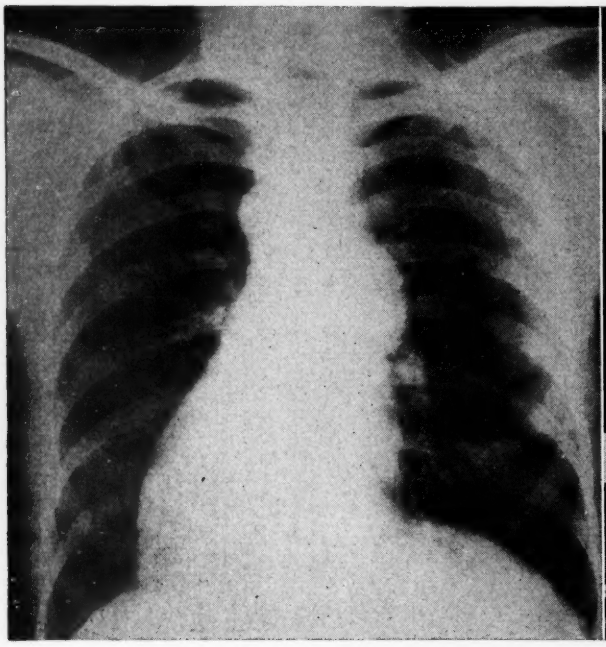

Fig. 2. Radiograph of the chest showing dilatation of the first portion of the ascending aorta, not aneurysmal in the sense of a diseased process in the aortic coats.

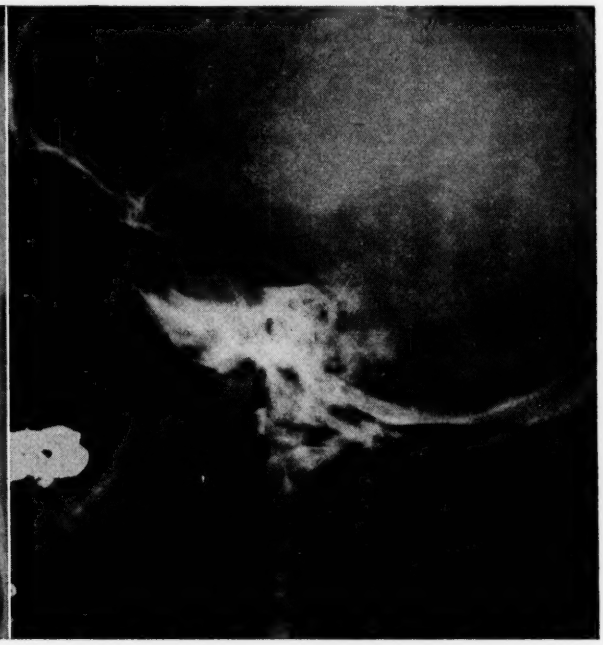

Fig. 3. Radiograph of the skull showing a peculiar box-like spreading of the sella turcica with relative thinning out of the posterior clinoid process.

Subsequent Course

The patient did not return until July 26, 1935, when she came to the office in a critical condition, complaining of an increasingly severe short, dry cough which began two month ago, marked dyspnœa, vertigo, weakness, and metrorrhagia for the past three months. She appeared very weak and extremely pale. Her weight was 84 pounds, her temperature 99, and pulse 110, regular but weak. On examining the chest, the grating aortic bruit was very loud, and was heard all over the right mid-chest anteriorly. The tumor mass on the shoulder was definitely smaller, dry, and asymptomatic. A blood count on July 27 showed marked achromia and crenation, many pencil shaped erythrocytes and several nucleated red cells. The hemoglobin was 35 per cent, 5.2 mgms. per 100 c.c., with 2,310,000 erythrocytes, and apparently normal leukocytes. The patient was urged to have her blood typed together with her husband and sister, preparatory to transfusion. Two days later, however, she had several choking

was that of a poorly nourished person. The skin surface was studded with mushroom-like tumors of variable sizes which have been previously described. The lungs showed chronic passive congestion. The heart exhibited eccentric configuration with atrophy. The myocardium showed severe parenchymatous degeneration. The mitral valve was mildly sclerotic. The aortic valve showed a classical "button-hole" stenosis, the cusps having fused and calcified to a bony consistency. The valve opening had been reduced to about 1 by 3 mms. The aorta, distal to the stenosis, was dilated to about one and one-eighth times its normal size. The thyroid was smaller than normal and showed mild colloid retention. The cartilage and bone marrow showed hyperplasia. No cystic areas were found in the long bones. The liver, pancreas, and adrenals were smaller than normal and showed severe parenchymatous degeneration, and the kidneys showed grade 2 nephrosis with angio-sclerosis. No marked changes were found in the other organs. The four

parathyroids were studied in detail. A large number of vacuolated areas alernated with notable compactness of the cells. The capillary structures were not very conspicuous, and no colloid nor adipose tissue was found. The principal cells were conspicuous while the oxyphil cells were relatively insignificant. No parathyroid adenomatous changes were found. Stained sections of all of the above organs were reviewed by Dr. James E. Davis for the purpose of determining microscopic evidence of syphilis or of rheumatic infection. No such evidence could be found.

The post-mortem diagnoses were (1) generalized neurofibromatosis, (2) atrophy of the parathyroids, (3) generalized arteriosclerosis, (4) anemia, (5) generalized atrophy and degeneration of all the solid organs including the heart muscle, (6) advanced aortic stenosis with marked calcification.

Summary

A case is presented of multiple neurofibromatosis which showed no ascertainable familial history but a tendency to the transmission of ectodermal defects in each of two living children.

A study of the blood and spinal fluid calcium demonstrated definite variations from the normal.

X-rays of the skull, spine, thorax, long bones and pelvis showed (a) no demonstrable bone lesions like those found in osteitis fibrosa cystica, but (b) a characteristic box like outline of the sella turcica, and (c) an abnormality of the first portion of the ascending aorta, which at autopsy proved to be advanced aortic stenosis.

Conclusions

1. The change in the sella turcica, the history of tumor growth stimulation at puberty and pregnancy, the high blood serum calcium and spinal fluid calcium readings, the high basal metabolic rate in the absence of fever or infection, all point to an endocrine factor in the etiology of this form of von Recklinghausen's disease.

2. In this case post-mortem studies of the parathyroids could not be correlated, etiologically, with the clinical findings.

3. This was the only case with a coincidental aortic stenosis that the writer found in the recent literature. From the history, duration, and preceding findings, it is probable that the change in the aorta was rheumatic in origin and developed at about the time the cutaneous changes occurred, i.e., at puberty. The study of this case does not reveal to what degree the abnormal calcium metabolism was responsible for the progressive calcification and consequent stenosis of the aortic valve which finally caused death.

4. X-ray therapy to a large pendulous mass on the patient's shoulder stopped its growth and its unpleasant odor and secretion. Whether the tendency of such a mass to sarcomatous degeneration would have been inhibited by the Roentgen rays, remains an unsolved question.

5. A study of the cases reported forces the conclusion that surgical removal of the larger tumor masses in this disease, predisposes to sarcomatous change in the scar or remaining tissue.

6. Studies of the calcium and phosphorus metabolism, and complete roentgenological examinations should be made upon every case of so-called von Recklinghausen's disease,

7. Finally, examination of the other members of the families of these patients, and of their children, will frequently detect immature or incomplete inherited cases, who should be protected as far as is possible against trauma and any but essential or emergency surgery.

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ACUTE CHOLECYSTITIS*

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In a clinical discussion of acute cholecystitis, as in other forms of cholecystitis, the clinician must bear in mind that he is treating the biliary tract. We interpret acute cholecystitis to include only those cases in which the patient's symptoms are no more than two days duration, and in which there is definite pain, local or referred.

It will be practically impossible to rule out sub-acute infections in which recently, within a week or ten days, there has been a history of cholecystitis, and also the acute exacerbations of chronic cholecystitis, usually associated with stones.

Diagnosis

In patients with acute cholecystitis the main symptom is pain and gas distress. This may be of a low grade type, or of a severe colicy character, depending usually upon the presence of calculus in biliary tract, and the size of the stone and its position in the gall bladder or ducts. It is obvious that the small sharp stones which find their way in the cystic, common or hepatic ducts cause severe pain, while a large rounded stone may cause very little pain or subjective symptoms. Fever may or may not be present, but usually a temperature of from 99 to 100 is found in early low grade infection, and from 100 to 104 or higher in the sudden attack accompanied with gall bladder distention.

The severe types of acute obstruction usually due to blocking of cystic duct, frequently have a chill, which occurs shortly after the pain, depending upon the severity of the infection. A chill or chilly sensation is of the utmost importance in history. We believe that patient with a chill which follows soon after his attack of pain should be considered seriously ill, and be carefully watched. Here it is that the most experienced medical care should be given, as in many such cases recovery will depend upon the treatment given. We believe that early operation should be performed when the pain continues for several hours in spite of treatment, or when muscular spasm increases. The type of pain as mentioned above may depend much upon the location and character of the stone, also as to whether the patient has been subjected to previous attacks of his symptoms. Patients, who present themselves for examination who have had repeated attacks, will often have a higher resistance to local infection in the biliary tract than those with acute primary infection with biliary obstruction.

In over 80 per cent of our acute cases of biliary tract disease, the pain radiates between the scapulæ or to the tip of the right or left scapula. In our experience pain which is apparently deeply seated in the back, and which remains constant for several hours, is associated with common duct obstruction or pancreatitis. In the most serious types of acute hemorrhagic pancreatitis, the pain in the scapular region may be as severe as in the abdomen. The type and character of the pain is important in different diagnosis. In coronary disease or myocardial disease, while the pain may be over the liver area, it is usually toward the median line, usually radiates to the chest or left arm and very seldom between the scapulæ.

In cases of perforated ulcer of duodenum or stomach there is usually a history of food distress after meals, relieved by alkalis or vomiting. While the history of the digestive disturbances of biliary tract infection usually follow well at the end of digestion, from four to six hours, and so often quantitative, while the food distress of ulcer is qualitative. The clinician must always remember that patients may have all three of the diseases at the same time, viz. acute or subacute cholecystitis, associated with pancreatitis, ulcer of stomach or duodenum and acute coronary thrombosis. High appendicitis will need to be considered in all diseases of the right upper quadrant. Appendicitis is found more frequently under forty years of age, however, while gall bladder infection

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and heart disease are found more frequently after forty. The habits of the patient, his occupation, weight, sleep and previous history are all of the utmost importance.

Vomiting may occur in all the above diseases, or the disease may exist in serious form without vomiting or nausea. The vomiting of appendicitis, in which the appendix is high in the right kidney fossa or under the liver, is not as common as when the appendix occupies its usual position, and invariably does not occur until the onset of peritonitis. The pain in appendicitis unaccompanied with peritonitis is never as severe as in biliary stone or coronary disease. In gall bladder disease, the vomiting usually occurs within one or two hours after the onset of pain, especially if accompanied with stone. We consider that vomiting which comes on or continues after a few hours, with gall bladder symptoms is evidence of increased infection. The vomiting of appendicitis even in severe forms usually does not occur for from six to eight hours after the onset of pain. The case of perforated ulcer and the cardiac case usually does not vomit. We have often stated one very important clinical observation—a perforated ulcer case cannot vomit and the cardiac case is afraid to vomit. We feel it is of the utmost importance to the patient to arrive at a correct diagnosis, and we should review a short but careful history of the patient, make a careful clinical examination, and not depend on laboratory data to make our diagnoses. We feel that once the diagnosis is made, then and not until then should we use the laboratory. The clinical examination should follow as soon as possible after the onset of severe symptoms, if the patient has presented himself before complications have arisen. Once the diagnosis has been made, all necessary laboratory work should be done, but the liver function test with dye should not be used in the presence of fever or jaundice.

For years, when there was any question of perforated ulcer of stomach, or duodenum, we advised that the patient on admission to the hospital, be taken directly to the X-Ray department for a flatplate study of the abdomen. In a sitting position, a flat plate will in the majority of cases show air under the right diaphragm if there is a perforated ulcer. At the same time with no effort on the part of the patient, and very little on the part of the medical attendant, a plate may be made of the chest and of the abdomen. The size of the heart and any complicating disease of the chest, as right lobar pneumonia, may be ruled out, and a flat plate of the abdomen will note gaseous distention of the small bowel, if the patient has acute intestinal obstruction. The writer deplores the lack of use of this valuable diagnostic aid, and wishes to urge its early and constant use.

A complete blood count and Kahn, urinalysis and blood chemistry examinations should always be made routinely on every patient as a part of the examination, as they may reveal much to the experienced clinician. However, the most serious cases of acute gangrenous cholecystitis may have repeatedly normal or subnormal blood counts. Blood chemistry findings may be of great value in prognosis in the patient under discussion, but are not of much value in diagnosis. It will be best to remember that many patients with any of the above diseases may have normal blood counts. Also remember that coronary thrombosis may be accompanied with fever and leukocytosis, and a tender, swollen liver, but except in rare instances no muscular spasm.

The immediate history of time, exactly what happened at the onset of the present illness, what occurred, was the patient alarmed, friends alarmed, whose medical aid called and when, how did the patient appear when examined by the first physician, what did the physician do, when did the patient vomit, how much and character of vomitus, was a spasm or local rigidity noted at first examination, was it local or diffuse? The pulse rate, expression, disability, heart sounds indistinct or almost inaudible, these and many other factors are the evidence, which may often save the life of the patient by making a correct and early diagnosis. Did the patient receive a hypodermic injection for pain, was the pain relieved, and for how long? These are all important data. An early electocardiograph should always be considered if there is the slightest indication for such, and when it can be taken it is an important part of the clinical record. Except for severe coronary thrombosis and peritonitis from large perforation of ulcer, morphine gr. ¼ will relieve the acute pain in these patients, but not so as a rule in the

cardiac case. Here it is that the surgeon should think medically, and why not have medical consultation? Here it is that the medical man should think surgically, as delay in proper treatment may result in the death of the patient.

It should be remembered that there is often an association of these diseases, especially coronary diseases and cholecystitis, acute and subacute. Every experienced surgeon has seen many cases with distended gall bladders, with auricular fibrillation and severe symptoms of myocardial disease. These patients never recover under medical treatment alone, but with surgical treatment of the obstruction of the biliary tract, and drainage of the infection, many patients completely recover. Many patients with definite acute cholecystitis are treated erroneously as cardiac cases, and have been refused operation on the basis of electocardiograph evidence. We have at times operated upon patients with marked distention of gall bladder and pancreatitis, who seemed to be in acute cardiac crisis, who made a most astounding recovery.

Treatment

Except in the gravest emergency, a few hours of good medical treatment will assist the patient on his road to recovery.

In cardiac complications associated with acute or subacute gall bladder or biliary tract infection we rely upon morphine freely and slowly administered 10 per cent glucose intravenously, rather than upon cardiac stimulation. The use of the duodenal tube and its irrigation with hot salt solution will often relieve the stomach distention and the always present duodenitis, and is of marked preoperative benefit. The local use of heat, best offered in large hot packs over the liver and each kidney will assist in elimination. The experienced clinical surgeon by frequent visits to such sick patients may often save these desperately sick patients by early operation, which of course should be of the simplest character.

All such operations may easily be performed with local anesthesia after giving morphine. Here is no time or place for academic cholecystectomy or duct exploration, in these acutely and often desperately ill patients. Open the gall bladder, suture it to the peritoneum, and then if a large gall stone can be removed from the cystic duct or the gall bladder in a moment or two, well and good, but if not, a tube of large caliber may be inserted for cholecystostomy. No sutures are used except to hold the tube in position. The wound is small and there will be no danger of evisceration. In patients in fair condition with acute gangrenous cholecystitis, or with perforations of the gall bladder, we like to peel out the mucosa of the gall bladder and drain the cystic duct. The same postoperative treatment may be given, which should start immediately.

Patients in bad condition should have their head and shoulders well elevated and placed in an oxygen tent. Every experienced clinical surgeon has actually saved the lives of patients by such a regime.

We object to the use of ice bags or other forms of treatment, or ice applied locally, because it masks the patients' symptoms, lowers their resistance, which is already at a low ebb, and perhaps most important of all anesthetizes the liver area, so that the clinical attendant has lost that most important of all data, muscular spasm.

The clinician can never have too much experience in handling patients with acute cholecystitis nor the surgeon too much surgical judgment at the time of operation. Patients whose symptoms do not improve a few hours after the onset with well established diagnosis should have surgical treatment, as a certain number will be found to have perforation of the gall bladder if neglected. Once peritonitis and pancreatitis, secondary as it usually is to cholecystitis, advances, the chance for recovery is not good. While it is true that most of bile peritonitis is local, bile is a great irritant and one should suspect a perforation when the local symptoms become rapidly increasing in severity. All of our cases of bile peritonitis had a very rapid pulse and very acute pain.

In a résumé of all gall bladder operations at Harper Hospital from January 1, 1930, to January 1, 1935, there were thirty-two cases classified as acute cholecystitis with average duration of symptoms of eight days before operation.

In a résumé of 1,600 operations on the biliary tract by Drs. Brooks, Clinton and Ashley from 1918 to 1935 inclusive there were 404 acute cases classified as follows:

Empyema of gall bladder	254
Gangrenous cholecystitis	158
Perforated gall bladders	22
Cases with marked hepatitis, cholangitis and pancreatitis	292
Cases of acute hemorrhagic pancreatitis	11
Cases with jaundice at time of operation	54
Cases with stones	372
Cases without stones	32

The mortality rate in these 404 patients was forty-three or 10 per cent.

The mortality rate in 1,600 cases excluding acute, jaundiced and carcinoma cases was 1.7 per cent.

The risk of allowing patients to continue with definite gall bladder infection is to invite emergency and costly surgery.

SERPENT-EMBLEMS OF MEDICINE*

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Of all the emblems of medicine the serpent is unquestionably the oldest and most significant. From remotest times it has been associated, if not directly with healing or health, at least with certain concomitant attributes of medicine, such as power and prudence or wisdom. Thus Christ told his disciples[6] to be "wise as serpents, and harmless as doves"; and Hebrew tradition has it[5] that "the serpent was more subtle than any beast of the field." According to de Gubernatis[46] the serpent is still revered in India as a symbol of every branch of learning.

The more direct association of the serpent with medicine has been explained in many ways. These explanations are so numerous and varied that we will barely outline certain of the less involved of them. One is an astronomical explanation, based upon the fact that the pole star of the constellation of Draco, the serpent, was only one degree from the celestial pole in 2836 B. C.[39,46] This is not a popular view by any means. Another of the less widely held views is given by Wake[48] who says that throughout the East in all ages the chief characteristic of the serpent has been its power over wind and rain; hence offerings were made to it in the spring and fall, the times of sowing and harvest—and later also in the time of epidemics and plagues, such as cholera.

A much more plausible thesis is the very ancient one based upon the ability of the snake to periodically shed and renew its skin. Knight[36] says that "the principle of life . . . was represented by the serpent; which having the property of casting its skin, and apparently renewing its youth, was naturally adopted for that purpose . . . (It) is not only the constant attendant upon the guardian deities of health, but occasionally employed as an accessary *(sic)* symbol to almost every other god, to signify the general attribute of immortality." But he appends a footnote from classical Greek writings to the effect that a snake used to be placed alongside Æsculapius because it was known that a sick person in becoming well experiences the same rejuvenating process as does a snake when it casts off its old skin and becomes young again. This view is warmly supported by Sir James Frazier,[17,18] the author of The Golden Bough. He cites the fact that a great many primitive peoples, such as the Zulus and the natives of Borneo, have been very deeply impressed by this analogue of skin-sloughing and rejuvenation or convalescence, so that it has been given a prominent place in their systems of magic and religion.

There are several other explanations, many of which could only be valid if the snake had begun to be associated with medicine at about the time of Æsculapius. There is ample evidence that this was not the case. The Egyptians, in the periodical processions held in honor of their various

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divinities, used to carry a pole or standard supporting an erect serpent wearing the double crown of Upper and Lower Egypt. Now Moses and his people must have been familiar with this figure and its significance,

Æsculapius with his serpent-staff.

and the use he made of a brass serpent-emblem, constructed during the journey with the Israelites in the Wilderness, is decidedly interesting. We are told that "Moses made a serpent of brass and put it upon a pole; and it came to pass, that if a serpent had bitten any man, when he beheld the serpent of brass, he lived." [4] This took place four centuries before Æsculapius's time—yet already we find the serpent not only being worshipped, but actually being worshipped as a healing power. Wake[49] enumerates other Egyptian associations of the serpent with healing: e.g., the asp-crown worn by Isis, goddess of life and healing, and the serpent encircling the figure of Harpocrates (who has been identified with Æsculapius) on an old papyrus.

The entire subject of serpent-worship is far too extensive and involved a one to be entered into in a paper of this scope. Sozinskey discusses it comprehensively in his monograph on medical symbolism.[46] In summary we may say simply that the association of the serpent with medicine is a very ancient and very intimate one which apparently began at various times, for various reasons, among various peoples.

Of the association of the serpent with the Greek god of medicine, Æsculapius, we may write at a little greater length. Much of our knowledge of this association is derived from statues of the god. The original one by Thrasymedes of Paros, which stood in the great temple of the god at Epidaurus, shows him seated, holding a staff in his right hand while his left rests on the head of a serpent. A dog lies at his feet. The statue in the Asklepion of Pergamus shows him standing, holding in his right hand a staff entwined by a single serpent; and so does the statue now at Florence. Those in the Berlin Museum and at Herculaneum are similar to these except that the staff is held in the left hand. It is noteworthy that the staves in the first three of these statues are clearly for support in walking, and not meant to represent rods or wands of magic or authority. C. N. B. Camac[9] has in his possession an Athenian coin, fairly reliably dated as of the third century B. C., which has on its reverse a short staff with a single serpent coiled about it and on its obverse the head of Æsculapius. Thus there can be no doubt but that the authentic emblem of the Greek medical divinity, Æsculapius, was a walking-stick or staff entwined by a single serpent.

How or why the snake became an attribute of Æsculapius we cannot be certain. It was not unnatural, of course, that an animal already used as an emblem of healing should become the attribute of the patron god of that art. Several legends, however, have grown up in explanation of this association. One of these relates that a snake came to Æsculapius bearing in its mouth a magic herb by means of which he was enabled to perform all sorts of medical miracles, even to the resuscitation of the dead; but his use of this power so alarmed Pluto, who feared that Hades would soon lack for inhabitants, that he requested Zeus to blast Æsculapius with a thunderbolt, which was forthwith done. Another legend tells that Æsculapius was at the bedside of his patient, Glaucus, when a serpent came into his tent and twined itself about his staff, imbuing him with wisdom and enabling him to effect a cure. This tale likewise attempts to account for the origin of the traditional emblem of the god. Naturally all such

stories as these were merely afterthoughts; but however the association of Æsculapius and his serpent began, it was by no means a purely academic or artistic one. A particular species of snake actually frequented the vicinity of all the Asklepiadæ in large numbers; they crawled freely in and out of the temples and even assisted in the proceedings there—probably primarily by virtue of their psychological effect upon the minds of the devout pilgrim-patients,[52] but secondarily at least, according to many Greek and Roman writers, by actually licking the diseased parts of somnolent or lethargic patients. So distinct was the association of this species of serpent with the Æsculapian temples that it has actually been named *Coluber Æsculapii*. Cuvier[11] describes it as a comparatively small serpent, from three to five feet long and about as thick as a stout walking-stick. It is orange-brown above and straw-colored below. It climbs trees readily, and though it will fight if attacked, it is by nature docile and easily tamed. This same serpent, though it is indigenous to southern Europe, is found north of the Alps only around the sites of former temples and colonies of Roman origin.[52]

A historic episode serves to illustrate the high esteem in which serpents were held by the citizens of Rome. In 293 and 292 B. C. a plague was beginning to menace the city of Rome. Consultations with the Delphic Oracle—or, according to Livy,[37] the Sibylline Books—informed the anxious priests that in order to avert disaster Æsculapius must be brought at once from Epidaurus. A mission was promptly sent out to ask this favor of the god. Ovid[41] gives his reply:

I come and leave my shrine.
This serpent view, that with ambitious play
My staff encircles: mark him every way;
His form (though larger, nobler) I'll assume,
And, changed as gods should be, bring aid to Rome.

Having arrived at Rome, he was formally installed in a new temple on an island named for him, in the middle of the river Tiber. The island was remodelled with the aid of large blocks of marble into a ship, on the dilapidated prow of which may still be seen the traditional Æsculapian emblem—the staff with the single entwined serpent—cut into the stone. The pestilence ceased shortly after the ceremonies of installation: ample evidence of the efficacy of the measures recommended by the oracle!

The proper Æsculapian emblem is, as we have already stated, a rough wooden staff or cane of variable length, more or less loosely entwined by a serpent with its head uppermost. Clippingdale[10] suggests that the roughness of the staff is meant to symbolize the roughness of a doctor's life; but be that as it may, it at least serves to show that the staff *is* a walking-stick and not a rod or wand. The significance of this point will be elucidated a little later. This serpent-staff has been employed at various times as an emblem not alone of a Grecian healing divinity, but of medicine generally. Thus it appears in the arms of several eminent English medical men, among them Sir Henry Halford, Sir Joseph Fayrer, Lord Lister, Sir James Simpson, Sir Joseph Savory, Sir Henry Thompson, Sir Thomas Barlow, and Sir William Bartlett Dalby. It is also in the arms of St. George's Hospital. The door of the building occupied by the offices of the Royal College of Physicians of Edinburgh has carved into each side of it "the rough club of Æsculapius (with one serpent)"[17]. The same emblem is used as the collar ornament of the Royal Army Medical Corps (of England) and of the medical units of the French and Mexican armies. The automobile license plate emblem of the American Medical Association has since 1912[26] borne the Æsculapian staff and serpent, as does the official lapel button of the same organization. The coat of arms of the Medical Department of the United States Army for many years bore the rough staff and single serpent of Æsculapius, though the staff looked rather warlike to have been used by a medical god. This coat of arms will be discussed at some length later on in connection with Dr. Fielding Garrison's views on medical symbolism.

In a general way, however, the familiar and popular emblem of medicine, especially on this side of the Atlantic, is not the Æsculapian staff and serpent, but the *caduceus*. This emblem is ordinarily depicted as a short, slender cylindrical wand, usually knobbed at its upper end, bearing two extended wings which are attached near its top, and symmetrically entwined by two small serpents whose heads, which are uppermost, stretch toward one another. Authentic variations from this conventional form consist in the omission of the wings, the addition of a second and smaller pair of

wings to the foot or the head of the rod, or both, or the surmounting of the rod by a dove or cock in lieu of wings. These variations are all rather uncommon; the one most often encountered is the simple omission of the wings. They are all supported by ancient precedent; they are not errors but simply differences of opinion or preference.

Mercury with caduceus and purse

Gudea's libation vase.

The caduceus has received wide sanction as an emblem of medicine. Like the Æsculapian staff, it appears in the coats of arms of several eminent English medicoes: Sir William Broadbent, Sir James Burrows, Sir Lauder Brunton, Sir Rickman Godlee, and Lord Ilkeston. William Harvey used as his stemma a rather questionable variant of it which Camac[9] does not regard as a caduceus at all: a lighted candle supported by a hand and loosely and asymmetrically entwined by a pair of serpents. The mace or staff of the Royal College of Physicians of Edinburgh[17] is entwined by two serpents and surmounted by a cock. At least one American pharmaceutical house (G. D. Searle & Co.) and three prominent firms of medical publishers (Churchill of London, Davis of Philadelphia, and Lea and Febiger of Philadelphia) employ the caduceus as their emblem. The seal of the United States Public Health Service bears the conventional caduceus superimposed upon an anchor. The new University Health Department building at New Haven has a caduceus on its front, and the facade of the recently erected Medical Chambers at 140 East 54th Street, New York, bears a wingless and somewhat stylized caduceus. Officers of the Medical Corps of the United States Army wear a caduceus on their uniform collar; the reason for this is discussed at length by Garrison, as we shall see later on. An English curate, interested in the widespread medical use of the caduceus, questioned thirty-one physicians of his acquaintance; he found that twenty-nine of them believed the caduceus to be the symbol of their profession.[48] That popular and able writer, teacher and physician, Howard Haggard, not only assigns medical significance to the caduceus, but actually states that it is an attribute of Æsculapius. And so one could go on enumerating instances of the association of the caduceus with medicine, almost *ad infinitum*.

What basis is there for such general acceptance of the caduceus as a medical emblem? We have already eliminated as erroneous the notion that it is the authentic symbol of Greek medicine or of Æsculapius. What justification is there, then, for its continued medical use? Let us consider the history of the device. There are two quite separate and almost wholly incompatible theses of its origin: the Eastern (or Babylonian and Phenician) and the Grecian. Frothingham,[20] quoted and supported by Garrison,[22] advances a highly plausible but not, I think, a wholly satisfactory version of the Babylonian thesis. This is predicated chiefly upon a figure depicted on a libation vase presented by King Gudea to Ningishzida, a Babylonian deity of fertilization, fruitfulness and spring, whose chief functions were to act as messenger of the mother Goddess Ishtar and to awaken life and vegetation in the springtime. This figure consists of a rod closely and symmetrically entwined by two serpents with their heads uppermost, and supported on each side by a beast which somewhat resembles a gryphon. Frothingham dates this vase at

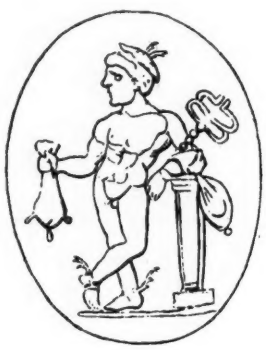
3500 B. C., or about the time of the first Egyptian dynasty. He and Garrison both believe that Ningishzida is the prototype of the Greek Hermes and the Roman Mercury, whose characteristic emblem the caduceus was, and that the snake-emblem simply became transferred to these gods in a pre-Olympic culture in early Greece. The unmistakable similarity, not only between the two emblems, but also between the natures of the duties of the two gods (Ningishzida and Hermes) makes this hypothesis an extremely attractive one. But a serious objection to such a view lies in the fact that serpents did not appear on the Hermeian emblem at all until relatively late, when they were added apparently as a natural outgrowth or modification of the earlier form of the emblem, as we shall see.

For the sake of clarity it should be stated here that the caduceus, as we and the Romans before us knew it, was derived both in form and in name from the Greek *kerykeion,* the derivation occurring through the Doric form of the word, which was spelled *karykeion.* The Roman emblem was the chief attribute of the god Mercury; the Greek, that of his prototype, Hermes. Thus the origins of the emblem may be traced in part at least through literary references to, and artistic depictions of, the god Hermes.

The word *kerykeion* was originally an adjective derived from the word *keryx,* a herald; and it was at first used in the phrase *kerykeion skeptron,* meaning loosely a herald's wand. Very early, however, the word *skeptron* was dropped from this phrase, and the word *kerykeion* alone used to mean the same thing. Boetzkes[7] suggests, reasonably enough, that this would seem to indicate that the emblem had been long-established, an attribute of heralds as a class. He cites a historic episode in support of this suggestion: the Athenians, a long time ago, were besieging a certain town when they heard that a nearby city was preparing to send reinforcements to raise the siege. They thereupon sent messengers to this city *aneu kerykeiou*—without the *kerykeion*—to indicate to the citizens that messengers from Athens had such friendly feeling toward them that no symbol of peaceful intent, or of their identity as messengers, was required. When an emblem is eloquent by virtue of its absence, its significance must certainly have been deeply rooted in the tradition of the times. Boetzkes goes on to describe in detail numerous ancient vases and works of art on which heralds are depicted bearing the *kerykeion.* It appears always as a wand or rod surmounted by an Arabic figure eight with an open top, and it is shown only in connection with heralds, and, later, with Hermes and sometimes Iris. Boetzkes observes in this fact the real reason why the *kerykeion* became associated with Hermes: he says that of course the emblem would only be given to a heavenly herald when such was the common practice on earth. Legendary explanations are necessarily merely afterthoughts; e.g., the story told by Wake, that Apollo gave Hermes a three-leafed rod entwined with fillets, or later with serpents, in exchange for the lyre. Boetzkes' arguments become even more cogent: he goes on to observe that other gods, when they happen to be functioning as heralds or guides, likewise bear the *kerykeion;* thus even Zeus, on an Ionic vase, is depicted with the herald's wand. And on a vase in Berlin Hermes is shown in three different situations: as an observer at the battle of Herakles, without a staff; as an observer at the pursuit of Troilus by Achilles, with a simple staff; and (with Iris) leading the goddesses to Ida, bearing a *kerykeion.* At a later date, however, the *kerykeion* had become so firmly associated with Hermes that he was almost invariably depicted with it, regardless of the situation in which he happened to be. Indeed he was often shown carrying it in situations in which it could only have hindered him: e.g., while carrying the infant Arkas on his left arm, or while forcing Paris, in the wrestling ring, to carry out Zeus' will. Thus, says Boetzkes, "the *kerykeion,* long before its first mention in the literature, was the vocational emblem of the heralds: and it served especially to characterize the guiding herald, who was so important to the old epics. This must have been the situation by 700 B. C."

The transition from this simple herald's wand, the *kerykeion,* to the more elaborate emblem seen as the emblem of Hermes in later times occurred rather gradually. The staff itself became roughened at its upper end (as may be seen in illustrations of a certain period) and then artists began to substitute a pair of entwined serpents to

represent this roughening and the open-topped figure eight above it. This change is accounted for, or may conceivably have been suggested to the artists, by the old legend which relates that Hermes, on finding



Hermes with kerykeion and purse (350 B. C.).

two snakes in combat, pacified them by laying upon them the rod given him by his father, Apollo: they ceased fighting and entwined themselves about the rod in friendship. After the serpents had become firmly established as a part of the emblem, various artists began adding wings to the top of the staff, perhaps to suggest the concept of speed in association with the messenger-god. We do not find representations of the caduceus with wings until about 250 B. C.

This, then, is a second explanation of the beginnings of the caduceus. Rational as it is, we still cannot entirely disregard the effect of Egyptian, Phenician and Carthaginian symbols in the development of this peculiar and distinctive emblem. There are, moreover, other views of the problem which favor this side of the argument: e.g., Boettiger's assertion[1] that the caduceus was really of Phenician origin, the serpents having consisted originally of a knot, skilfully tied, with which the Phenician traders were wont to secure their wares. He explains that the knot came in the course of time to be attached to a bough with green leaves at the end, the whole forming a symbol of commerce. This view is supported by what we know of certain of the more important functions of Hermes, as we shall see. And it likewise explains the origin of the wings, as an artistic modification of the green leaves. In summary we must simply admit that the problem is not quite settled.

We have so far uncovered only a few of the possible meanings that might be read into the caduceus, or *kerykeion,* when it is used as a symbol. Boetzkes has offered ample proof that it originally signified, in association with Hermes as formerly among mortals, the guiding function of a herald. Frothingham's Babylonian prototype of the emblem suggests that we should at least admit the possibility of an association with a god of life and reproduction; and Garrison has insisted, upon occasion, that "some of the functions of such a diety were indubitably medical." Boettiger's thesis suggests an association with trade and commerce in Hermes' emblem. But these three suggestions by no means exhaust the possibilities. Once the *kerykeion,* or caduceus, had become established as the emblem of Hermes, it really assumed the task of symbolizing all of his functions, which were numerous and varied. To list the more important of them: he was god of the wind and air, servant and messenger of Zeus and other gods, god of gymnastics and exercise, god of robbers, thieves and traitors, guide of souls to Hades, god of sleep and dreams, patron of fertility in plants and animals, god of luck, patron of commerce on both land and sea, custodian of games, and god of roads and of travellers. In addition to these, Pauly[43] discusses what he calls a minor aspect of Hermes: his activity as a doctor. As a god of fertility he could restore lost virility. He assisted Semele at the birth of Bacchus; he helped Athena restore Danaos' daughters to sanity; and by carrying a ram on his shoulders around the city of Tanagra he averted a plague there. In the Magic hymn he is appealed to as a god of healing. He has been associated with Hygeia, sometimes as her husband. Peiraieus's inscription refers to him as a physician. In Olbia he was petitioned on behalf of the peace and health of the citizens. He healed with certain plants, and sometimes used plants as poisons. He could put people to sleep with his wand. He was also worshipped in Bœotia as the averter of disease.[50]

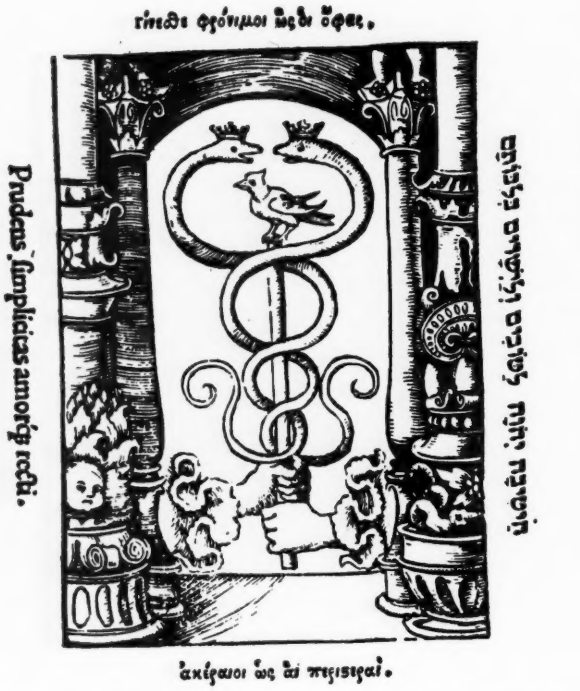
In addition to these various functions of the Greek Hermes which the caduceus might be supposed to symbolize, we must consider the significance of his Roman successor, Mercury. From the very beginning, in Latium, Mercury was almost invariably depicted with the winged caduceus. He frequently carried a full purse, which cer-

tainly suggests commercial rather than medical pursuits—and indeed, the Roman name for him has some significance in this connection. The Romans also emphasized another aspect of the symbolism of the caduceus; beside being the emblem of a god named for commercial pursuits (or for whom commercial pursuits were named!), it came to mean activities apart from the waging of war. When a man was sent out to parley with the enemy in time of war he bore aloft a caduceus in token of the peaceful, noncombatant nature of his mission, and was known as a *caduceator*. Here we see a harking back to one of the oldest uses of the emblem as described by Boetzkes, and here too is further confirmation of the Grecian thesis of its origin. Thus practically all the meanings that we might attach to the caduceus can be summed up into one; viz., that it symbolizes the peaceful conduction of business—the mercantile world as opposed to the military. So the use of the caduceus in connection with medicine is not only almost wholly unjustified, but is actually to be deplored, in view of the actual connotation of mercenary activities which it implies, and the many unsavory functions of the deity whose proper attribute it is—such as being the patron of thieves (and a great thief himself) and the conductor of souls to Hades. As Deonna[12] put it, "in antiquity neither the word caduceus nor the form of that emblem had (any) medical significance, nor was (either) *en rapport* with the gods proper to medicine; and to give to Æsculapius the caduceus of Mercury would have seemed heresy to a Greek or Roman." He adds further that an ancient epigram describes a physician armed with a caduceus leading souls to the underworld in Hermes' place! Agreement today is practically universal that as a medical emblem the caduceus should everywhere be replaced by the authentic and traditional emblem of the Greek patron god of medicine—the *rough staff* entwined by a *single serpent*.

There has for several years been one notable dissenter in our midst. Dr. Fielding Garrison has asserted repeatedly that the caduceus had some medical significance before, and acquired more of such significance after, it became the emblem of Hermes. We have seen and examined all of the evidence on which he bases this assertion; but in view of his reputation in the field of medical history, it would be well to examine his views a little more closely. His writing on this subject has all been prompted by the discussion of the use of medical emblems by the United States Army Medical Corps, and the army department of which it is a part. Garrison says that the coat of arms of the Medical Department, "which includes the nursing, dental, veterinary and civilian personnel,"[27] has included, since 1818, the Æsculapian staff, with a single serpent entwined. McCulloch refers to this as the coat of arms of the Medical Corps, and it is so designated in a colored reproduction of the arms and crest which he had prepared for publication[32] in 1917. However, on the collars and chevrons of the officers and enlisted men of the Medical Corps of our army,[27] the caduceus is used, not, says Garrison, as a medical but as an administrative symbol, to signify the neutral, noncombatant status of this personnel on the field of battle. This of course is a perfectly legitimate use of the caduceus, in the light of the precedent established so long ago in the Roman army. But surely it would be more sensible to extend the use of the caduceus to the personnel of the entire Medical Department, medical and lay, and confine the use of the Æsculapian emblem to the collar ornaments of the medical officers themselves. That this occurred to Garrison is evident from the following quotations from a letter written a few weeks before his untimely death: "I have taken the above line" (*i.e.*, that the caduceus is used for its noncombatant significance) "because so many officious and idle-minded persons are always trying to have the collar ornament of our Medical Corps changed over to an Æsculapian staff, as in the British and Mexican armies. Our contention is that the caduceus not only differentiates our medical personnel from those of other armies, but that it is historically justified by usage. . . . When they press us too hard, I have taken the line that in the last analysis, Mercury had as many medical functions as any other major god. . . . Nevertheless, I have always agreed, with whatever authority or opponent, that the Æsculapian staff is the authentic symbol of Greek medicine." So we can see that Garrison's contention that the caduceus has medical significance has been largely dictated by the necessity, as it seemed to him,

of defending the *status quo* so far as its use in the United States Army Medical Corps was concerned.

Thus the last obstacle is removed. We must admit that the widespread present-day



BASILEAE APVD IOANNEM FROBENIVM MENSE NOVEMBRI. M. D. XVIII.

Froben's emblem and mottoes.

use of the caduceus as a medical emblem is an error, wholly without justification in "mythologic tradition, literary documents, sculptural records or living evidences."[52] We might rest content with this established fact; but another question is immediately suggested to our minds: What was the origin of this mistake? How did it come to be perpetrated, and by whom? Was it merely a confusion of form, the adoption of Mercury's emblem under the misapprehension that it was actually a legitimate variation of the conventional Æsculapian serpent-staff? An authoritative answer to these questions cannot really be made; the last one particularly offers serious difficulties to its solution, so intangible does such a factor as motive become with the passage of time. However, it is possible to make a little progress along these lines.

So far as is known today, the earliest use of the caduceus apart from the god whose attribute it was (except for its use in the Roman army) is found among early printers, who occasionally employed it—or something very like it—as their identifying trademark or emblem. Apparently the first of these men to use anything like the caduceus was Erhard Ratdolt, of Venice and Augsburg, who, in 1486, adopted as his emblem an intricate full-page figure in black and red which showed in part a naked boy holding in his outstretched right hand a pair of closely entwined snakes with their heads uppermost. Unfortunately we have no evidence suggesting what meaning Ratdolt might have attached to this, and there is nothing characteristic about his publications to enlighten us. John Froben of Basle was the next to use such an emblem. His version of it was a rather elaborate one, consisting principally of a staff held erect by two hands, entwined by two serpents (with crowns on their heads, showing them to be basilisks, a venomous variety of snake), and surmounted by a dove. This device appears in a quarto edition of Erasmus' *Enchiridion* of 1518 and in two more of Erasmus' works in 1519; it is shown in various forms in other books, the variations being confined to the number of hands shown. In a duodecimo edition of Sir Thomas More's *Utopia,* printed in 1518, the device is well shown, and about it are placed three inscriptions, in Greek, Latin, and Hebrew, respectively. The fact that this was very likely the first time Froben had used this emblem suggests that the inscriptions might have to do with his concept of its significance, or with his reasons for using it. Translated, the Latin inscription declares: "A prudent simplicity (or guilelessness) and a love of the right." The Hebrew translates: "God do good unto those that be good, and to them that are upright in their hearts." Unless the position of the staff is supposed to imply the quality of uprightness or righteousness the application of these quotations to the emblem is not particularly obvious; they appear merely to suggest the devout character of a respectable Swiss printer, such as Froben most decidedly was. The Greek inscription, however, appears to be far more apposite. It is taken from the Greek New Testament (Matthew 10, 16): "Be ye wise as serpents, and without guile as doves." I am very much inclined to believe that this injunction, appear-

ing as it does in two parts, above and below the emblem proper, was intended to explain his use of the caduceus. This becomes the more likely when we consider that this form of the caduceus is distinctly unconventional; it is the earliest example we have of the substitution of a bird on the head of the staff for the usual pair of wings. Now authorities have repeatedly stressed the fact that Froben was a "medical printer," and that in his use of the caduceus is to be found the first use of that emblem in connection with medicine. But in a presumably complete list of his publications compiled by Heckethorn,[30] only one out of two hundred and fifty-six of his imprints—a folio edition of Plutarch's *Preservation of Good Health*—has any medical significance whatever. Even assuming this list to be incomplete, there are other reasons for believing that he was not a medical printer. In a day when important medical works were being printed in large numbers, the more important ones all came from printing houses in Austria, Germany and France; scarcely a medical book of that day bears the mark of *any* Basle printer. Moreover Froben, who was closely associated throughout his career with Erasmus, printed so large a proportion of religious, social and economic works that these characterized his publications as a whole. Thus even if he did print a few medical works, as Garrison insists,[27] he can hardly be regarded in the light of these facts as a "medical printer."

Other printers also saw in the caduceus a suitable device for incorporation into their identifying emblems. Jerome Froben, John Froben's son, continued his father's business after the latter's death and in at least one publication—Pliny the Younger's *Historia Mundi* of 1554—used his father's old emblem. John Herwagen, a friend of young Jerome, used a three-headed Hermes arising from the waist out of a short column and holding in his left hand a caduceus without wings. The fact that Herwagen recognized the caduceus as an attribute of Hermes, as is shown by this use of it, supports the belief that Froben senior was well aware that he had adopted as his emblem the caduceus and not merely a serpent-entwined staff symbolic of a passage in the Bible. Nearly fifty years later, Cervicornus used a conventional caduceus as his emblem, and a little later, Andreas Wechel of Frankfort employed a caduceus with an extra pair of wings at its foot, superimposed on crossed cornucopias. Like Froben, however, none of these men printed medical works, or, so far as we know, attached any medical significance to the emblem. The caduceus as a medical emblem does *not* appear with Froben in 1518, as has so often been asserted.

But we cannot quite so readily excuse Froben from any participation in the origin of the medical use of the caduceus. A member of the College of Arms in London has found[42] that there is a record of a crest "gyven to Mayster Doctor Buttes Fyssyshyn unto your most Soverayn Lord King Henry the eyght in the xxiiith yere ys rayng A° 1533." This crest was added to the paternal Butts coat of arms, which consisted of an azure shield bearing a gold chevron decorated with three red diamonds and surrounded by three gold stars.[13, 14, 42] The crest itself is described from a picture as a gold staff with a silver dove perched on its head, entwined by two blue serpents and encircled by a gold ducal coronet, and grasped at the foot by two hands issuing from gold, red and blue clouds. Aside from the color, the resemblance between this crest and Froben's emblem is far too striking to be mere coincidence. Even more significant circumstantial evidence of a connection between the two is to be found in the person of the famous artist, Hans Holbein. Holbein came to Basle from Augsburg in 1514 or 1515, and soon found employment with John Froben as an illustrator. His first title pages among Froben's works appeared in October, 1516. He then worked in Lucerne for over a year, from 1517 to 1519; then he returned to Basle and remained with Froben till 1526, when he went to England to paint the portrait of Henry VIII. In 1529 he returned to Basle, staying there three years and going back to London in 1532—just a year before the grant of the new crest. This is not especially significant in itself, but it becomes more interesting when we learn that Mrs. Butts' portrait was twice painted by Holbein. Altogether, it seems fairly evident that Holbein must have been instrumental in carrying to England the device he had designed for Froben's title pages fifteen years before. Who suggested it in connection with the grant of a crest to Henry's favored "fyssyshyn" (who had then been

nine years in the service of the court), and why, we do not know. Nor can we be certain whether or not it was believed at that time to be symbolic of medicine—though there is evidence tending to show that it was probably *not* so regarded. The important point is that here for the first time a caduceus was being directly associated with the medical scion of a farming family; here in fact was precedent which even an intelligent person might well mistake for evidence that the caduceus had a medical connotation. Authorities in general are agreed that here (as a few years earlier with Froben) is to be found one of the earliest medical uses of the caduceus.

I do not believe that this is the case. Why the caduceus was granted to Dr. Butts, I do not know; but there is considerable evidence tending to show that neither at that time nor subsequently (until a grant to Sir George Burrows, in 1864) did the College of Heralds ascribe medical significance to Hermes' emblem; nor, in 1558, did Dr. John Caius do so, though numerous writers have accused him of that error. In an interesting little book entitled *The Mirrour of Maiestie* (London, 1618)[21] there are reproduced line drawings of a number of coats of arms, of which three contain the caduceus. The first of these is one belonging to James I of England; it portrays a lion dispensing justice with one hand and wealth with the other, while a hand extending from a cloud above him holds over his head a conventional caduceus. The accompanying verse says in part: "Heav'n crownes my head with wisedome from above." The second, belonging to the Earl of Southampton, shows a composite figure whose right half is clad in full armor and holds a spear and shield, while the left is clad in doublet and hose, wearing a purse at its belt and a winged cap and shoes, and holds in its hand a winged caduceus. The verse below this says in part:

> What coward Stoicke, or blunt capitaine will
> Dislike this Union, or not labor still
> To reconcile the Arts and vistory?

The third plate shows the arms of the family Dell'Alciato, which include a caduceus winged only at its foot, but surmounted by a winged hat and superimposed on crossed cornucopias. The verse here is in early Italian; translated, it runs roughly as follows: "Though it has appeared that the ignorant alone are exalted, it has never occurred that the good and learned man has been in want, or that virtue has been overcome by vice." Certainly the inference to be drawn from these three examples of the heraldic use of the caduceus is clear enough, whether they were authorized by the College of Arms or not. It was evidently regarded as a symbol of wisdom and learning, and not at all one of medicine or healing. This hypothesis is borne out by the shields and crests granted to many early English physicians; when a serpent was employed in them at all, it was always shown alone, and usually it was "nowed," *i.e.*, tied into a simple knot. There was only one exception to the singularity of the serpent in medical heraldry: a grant of 1568 to Richard Master, M.D., gave him a crest consisting of two serpents within a annulet set with a diamond.[42] No caducei appear in British heraldry at all during the 17th and 18th centuries; but in 1819 a conventional caduceus was included in a grant to Joseph Cowper of Unthank in Skelton, Cumberland, who apparently was not a physician at all.[42]

When the English physician Dr. John Caius (or Keyes, as he pronounced it and sometimes spelled it) revisited his old school, Gonville Hall, in March, 1558, he presented the institution with a silver caduceus. He had recently endowed the school, and this was the occasion of the changing of its name to Gonville and Caius College. This caduceus was in subsequent years always borne aloft by a beadle at all ceremonies held in the school. Much has been made of this fact by various writers, including Dr. Garrison, who would have it that the caduceus had already acquired medical connotations at this early date. All of these writers, however, though many have quoted Dr. Caius' speech of presentation (which was in Latin), appear to have misunderstood his remarks about the emblem. Here is what he says of it: "For the caduceus, or silver rod, means that one must rule more gently and kindly than the way they used to do who ruled with an iron rod. Moreover the serpents, signs of prudence, show that one must rule and act with prudence." It would appear from this that Caius himself, though he may have interpreted the traditional symbolism of the caduceus a trifle loosely, at least avoided making the error of which he

has been so widely accused; his discussion of the emblem certainly doesn't suggest that he thought it was associated with medicine.

The next use of the caduceus apart from Hermes or Mercury appears to have occurred at the University of Coimbra, in Portugal.[44] In 1697 Francisco Ferreira de Araujo painted on the ceiling of the University Chapel a decoration consisting of an elliptical wreath enclosing a vista of clouds on which was superimposed a stork, a pile of books, a *borla* or ancient academic cap, and a conventional caduceus. Similar paintings were subsequently placed on the ceiling and over the door of the old *Salle de l'examen privé,* the former bearing a wingless staff entwined by winged serpents and the inscription *Altissimus creavit de terra medicinam, Eccles. 38.* Early in the present century another similar decoration was placed on the ceiling of the Senate Room of the University, in which only the books, the stork and the caduceus figured. It is of more immediate interest to us, however, that in recent years (we do not know exactly when) the medical faculty of the University of Coimbra adopted as its special seal a copy of the original one of these decorative plaques, surrounded by the inscription *Universidade de Coimbra—Faculdade de Medicina.* Whether or not the caduceus was assigned medical significance by these various artists, we do not know, since the stork itself has been widely used as a medical symbol.

There seems to be somewhat less doubt, however, in the case of a statue carved for the University of Coimbra near the end of the 17th century by a French sculptor, Claude de Laprade. This statue is that of a young woman holding in her arms a caduceus, without wings, and an open book, and it bears the carved title *La Médecine.* In this instance we must believe that the sculptor intended the caduceus to symbolize the art of medicine, for neither the young woman nor the open book could possibly be taken for medical symbols. Thus although the evidence for it is purely presumptive, it seems likely that this is the earliest known example of the use of the caduceus as a distinctively medical emblem. Why Laprade made this error remains a mystery; perhaps he was familiar with Ferreira's ceiling-decoration and was misled by it; or perhaps he and Ferreira had access to the same misleading source of information. At all events, here for the first time in history the caduceus was definitely and unmistakably linked with medicine as the distinctive symbol of that branch of learning.

The next medical use of the caduceus, according to most authorities, was on the title page of *Superstitions Connected With the History and Practice of Medicine and Surgery,* printed in 1844 by a medical publisher, John Churchill of London. The caduceus here appears enclosed in a double ovoid ring, beneath the words *Irrupta tenet copula.* This phrase is borrowed from Horace's Odes, and is part of a sentence which means "Thrice happy are they, whom an unbreakable bond unites." This motto of Churchill's, "whom an unbreakable bond unites," appears to refer directly to the serpents so securely entwined about the staff of the caduceus, for they are labelled, respectively (in Latin), *Medicine* and *Letters.* One is rather inclined to infer from this that Churchill used the caduceus here, not because he believed it to be a medical emblem, but because he felt that the serpents on it were symbolic of lasting and intimate union and so would clearly symbolize a union he wanted to see maintained, viz., that of medicine and letters. Again, however, as in the case of the Butts crest, the question of motive must be relegated to the background; we may attempt to absolve John Churchill of error in the matter, but here, as perhaps formerly in 1533, precedent is established. For a successful and prominent distinctively medical printer like Churchill to have adopted the caduceus as his emblem may easily have been an important factor in guaranteeing its general acceptance as a medical symbol. At all events, just a few years later (1856) the caduceus was adopted on the chevrons of the Hospital Stewards of the United States Army; in 1874 Sir George Burrows, physician, was granted a crest containing the caduceus; and from then on its misuse was assured. Of late years this misuse has been becoming relatively more and more prevalent, particularly in the United States; perhaps this can be attributed in part to the continuation of its use by our Army Medical Corps.

So the caduceus has become, by popular acclaim, our principal medical emblem. It seems a little strange that so gross and

obvious an error should prove so difficult to correct. Perhaps the chief reason for this is that it is so readily confused with the authentic Æsculapian serpent-staff—witness Haggard's definition of its symbolism. It certainly seems probable that this fact has encouraged the rapid growth of its popularity as a symbol of medicine. I cannot agree, however, for reasons already indicated, that this confusion explains its use by Froben, Butts and Churchill; I feel that the use of the caduceus by these three can be adequately explained on quite different and perfectly orthodox grounds. That their use of it has been *misunderstood* is entirely possible, particularly in the case of Churchill; and this may have given its misuse quite a bit of impetus. It is a little difficult to evaluate the significance and importance of the use of the caduceus in the seal of the medical faculty at Coimbra and in Laprade's statue; in the latter instance particularly one is compelled to admit that distinctly medical significance was given to the emblem. But when it is considered that this occurred nearly two hundred years before the caduceus began to enjoy any significant amount of popularity as a symbol of medicine, its use at Coimbra does not seem to have been a particuluarly important one so far as propagation of the error was concerned. Misunderstanding seems to have been the really vital element in the whole affair, from Froben to Butts to Churchill and so on up to our present day, when it is still going on. Speculative as this solution of the question is, it at least appears to elucidate (if not to simplify) the problem of the origin of the widespread error whereby the caduceus of Mercury and Hermes, emblem of peace, commerce and learning, has come so near to entirely supplanting the serpent-staff of Æsculapius, the only proper emblem of medicine.

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"Every man owes some of his time to the upbuilding of the profession to which he belongs."

—THEODORE ROOSEVELT.

EDITORIAL

COUNTY SOCIETY MEMBERSHIP

THE *Literary Digest* for January the thirtieth, contained an article on compulsory health insurance which was presumed to present the arguments on both sides of the subject. Those who read the article in question would agree that both sides of this controversial subject were presented, but in such a way as to favor the adoption of compulsory health insurance. The statement was made to the effect that two states in the Union had already gone on record as being favorable. What was meant, of course, was that organized medicine in each of these states favored it. An asterisk directed the reader's attention to the bottom of the page where, in a footnote, the names of the states were given. Members of the medical profession of this state must have been extremely surprised to read that one of the states was Michigan. If we can interpret the mind of organized medicine in this state, our belief is that there is probably no other state in the Union which is more opposed, not only to compulsory health insurance, but to state or socialized medicine. There is a distinction among these three, though the result of the adoption of any one of them, so far as medical care is concerned, would be the same.

There never was a time in the history of American medicine when it was more necessary that every eligible member of the profession should be a member of his county medical society. As has been stated repeatedly, the county medical society is the democratic, the basic unit for organized medicine in this country. United we stand; divided we fall is a somewhat trite statement. It is, however, literally true. Whatever can be accomplished towards the advancement of medicine will be accomplished by organization rather than by a disunited profession. Organization in medicine protects the integrity of the profession rather than the economic feature of it. However, the latter is not to be despised. If the physician is to do his work efficiently, he must not be hampered by poverty. Such articles, as that mentioned above, or as those which appear from time to time in lay publications, call for activity on the part of the medical profession if it is to be saved from socialization, and all that it means.

A portion of the May number of this JOURNAL will be given over to the publication of the membership list of the Michigan State Medical Society. Become a member in good standing now, if you wish to be listed among those who are members of the organized medical profession. Do more than fulfill the requirements of the membership; if you know of any eligible physician or surgeon, who is not now a member, prevail upon him to join his county society. The professional man's first duty outside of his own home is to his professional society.

WHERE ORATORY SHOULD BE MATCHED

WHEN any effort is made to change the practice of any profession, medicine, dentistry or law for instance, the profession is put on the defensive. The advocate of change usually poses as an altruistic person seeking the good of the public as a whole. The profession attacked is

placed in the position of a self-seeker, a calling which places its personal interests above the public good. To the conscientious person, self defense is a disagreeable matter. One can speak on behalf of some one else, but when it comes to saying things in one's own favor, it becomes very difficult. We are leading up to the attempts on the part of certain socalled socially-minded persons to advocate measures which will in their opinion be advantageous to the population as a whole. The medical profession, to whom the public wants have been known intimately for decades, if not for centuries, feel they are in a better position to know what is best than the socalled socially minded advocate who has only recently appeared upon the scene.

Physicians have been too busy attending the sick to practice oratory in their own defense. The doctor has always been a doer and not a talker. He belongs to a great silent profession. Is it any wonder then, that he is scarcely a match for the glib-tongued exploiter who himself has nothing to lose and doubtless a position to gain if he can make it for himself between the physician and patient. In other words, the position he seeks is that of "manager" of the situation. It is high time that physicians, or at least selected members of the profession, became more forensic in their approach to the social and economic problems which are common to the public and his profession.

MENTAL HYGIENE

CONSIDERING the crowded condition of mental hospitals in the state, it is high time that mental hygiene should be accorded the same care and attention as hygiene is ordinarily accepted which pertains to the health of the body. It is time that the medical profession turn their attention to ministering to minds diseased. Instruction in mental hygiene should begin very early in life. Since so much depends upon heredity, it will be apparent at once that mental is a much more difficult subject than physical hygiene. One of the most recent standing committees of the Michigan State Medical Society is concerned with the subject of health of the mind. The members are Dr. Henry A. Luce of Detroit, chairman, Drs. E. H. Campbell, Newberry, M. H. Hoffmann, Detroit, C. F. Inch, Ypsilanti, and Theophile Raphael of Ann Arbor. Of the personnel of this committee, the chairman is a practicing physician; the other members are on the staffs of mental hospitals.

To begin with, the problem resolves itself into a sort of prophylactic against juvenile delinquency, the criminal with abnormal sex deviations, the socially maladjusted, and the problem child socalled, who in many cases has problem parents. This then is the beginning, and here the school and parents, as well as members of the medical profession, should coöperate. Intelligent coöperation presupposes a knowledge of the type and personalities of adolescence and youth. We hope that the members of the committee on mental hygiene will use this JOURNAL from time to time to clarify the problems for the medical profession.

Then there is a large number of people who live unhappy, not to say fruitless, lives, due to worry, fear, anxiety and maladjustment. This group includes many who try to improve their condition by consulting socalled psychologists, many of whom simply exploit those who listen to their lectures or who read their pseudo-scientific books. The word psychology has taken on a sort of dual meaning. Psychology, as taught in higher institutions of learning is truly scientific and disinterested in its search for truth. Psychology, as commonly understood by the layman, includes almost anything else that pertains to mentality.

A great deal can be done by persons such as doctors and teachers who possess the necessary training, wisdom and common sense to prevent incipient and borderline persons from progressing to the stage which requires special hospitalization with specialized physicians and nurses.

THE COMMON COLD

THE word "common" is usually the adjective preceding cold, when we have in mind the condition which affects the mucous membrane of the upper respiratory tract. Common as this condition is, at certain times of the year, very little is definitely known of the causative agent and not much has been accomplished beyond hygienic measures in the way of treatment. The common cold is not in itself such a serious

matter. Its seriousness consists of the fact that it may be the precursor of disease which may be very serious. The symptoms are well known. Shakespeare, who has put in very terse language so many things, describes the common cold together with the time of the year in which it is most common as follows:

"When all aloud the wind doth blow,
And coughing drowns the parson's saw,
And birds sit brooding in the snow,
And Marian's nose looks red and raw,
When roasted crabs hiss in the bowl,
Then nightly sings the staring owl,
Tu-who;
Tu-whit, tu-who—a merry note
While greasy Joan doth keel* the pot.

Quite frequently severe, steady winters of low temperature are more conducive to health than the open winter of rain and sleet with temperatures that oscillate about the freezing point. Weather conditions during January and February are doubtless accountable for the many influenza and pneumonia cases that have occurred. Every physician is acquainted with prophylactic measures which would lessen the instance of respiratory infections.

DR. AUGUSTUS W. CRANE

THE death of Dr. Crane of Kalamazoo has removed from the medical profession of the state and nation one of its most profound scholars, for Dr. Crane was widely known throughout the English-speaking world among the members of his own specialty. A clinician of exceptional ability, he excelled also in the field of research. He was the first to experiment with the x-rays, shortly after their discovery in 1895, when it was even necessary to devise much of his own apparatus. Doctor Crane was in the true sense a pioneer. Blessed with a rare scientific imagination, his written papers were masterpieces of English style. Dr. Crane was a true literary craftsman.

Immaculate in dress, with a well poised head, classic in appearance, he was an outstanding personality in any audience. He was a familiar figure at meetings of national associations of roentgenologists, and always commanded a respectful hearing when he arose to discuss a paper or to present his views. His spoken English was as polished as his written papers, where his clarity of thought reflected itself in clarity of speech, reminding one of Carlyle's statement that language is the flesh-garment of thought. Not only did Dr. Crane excel in his own profession, he was also widely read and could speak with masterly precision on almost any topic that appealed to him. To use a rather common, nevertheless expressive, phrase, he was in the truest sense a "gentleman and a scholar." His relations with his fellow practitioners were always wholesome and cordial, so that his death is a distinct loss to all whose good fortune it was to know him.

As life runs on, the road grows strange,
With faces new, and near the end
Milestones into headstones change,
'Neath every one a friend.

*Cool.

THE MEDICAL HISTORY OF MICHIGAN

THERE are a number of the two volume sets of the Medical History of Michigan still unsold. If every doctor in Michigan should send in his order to the business office, 2020 Olds Tower Building, Lansing, fewer than one in ten could be accommodated. When exhausted, no more copies will be obtainable as the type has been remelted. It may be many generations before another similar work of the size will be written and compiled. The history is a monument to the untiring energy and erudition of the late Dr. Burr. Dr. Francis Packard, editor of the *Annals of Medical History* and author of a two volume work on *Medical History in the United States,* commenting on our *Michigan History,* writes:

"The history of medicine in Michigan has been fully written up in the *Medical History of Michigan* compiled and edited by a committee, C. B. Burr, M.D., chairman, and published under the auspices of the Michigan State Medical Society. This large work contains minute details of every phase of the subject."

The work was published in 1930. There are many young men who have entered practice in this state since the greater portion of the edition was sold out, who will want to procure a set before it is exhausted. It serves not only as a comprehensive work of reference, but as genuinely good reading as well. To those who did not know Dr. Burr, we would say that he was a man of scholarly attainments, a leader of national note in his specialty, psychiatry, and an author

in his own right. He had a fine sense of humor, readily recognized by those who read the chapters in the history written by the doctor himself. Dr. Burr had retired from active practice a number of years before the end. During this period, he worked wholly on the History. It is in reality his *magnum opus.*

Gold Diggers

Hae ye ever gan doon tae thae auld midnicht clubs,
Where they spread silver trays aroon' for yer stubs,
Where th' lassies are dancin' on th' tip o' their toes
An' are nae overburdend wi' too mony clothes.

Th' walls may be hung wi' paintin's in oil,
Some are just awfu' an' some are worth while;
On th' floor is th' ruins, and auld 'crepit maun
Tryin' tae dance wi' a lass. They've been drinkin', ye ken.

Noo, Doctor, don't think ah'm a preachin' auld cad,
Or a ninny whose rhymin' auld brains hae gone mad,
For ah ken that these lassies are chokin' wi' glee
'Boot dancin' wi' th' monied auld maun that ye see.

Ye hae heard o' th' maun whose leg hae been pu'ed
By women, an' men, whom we've thought rather rude,
Bit this stunt hae run riot, in times sic as these,
An' th' auld 'crepit maun may no stem th' breeze.

WEELUM.

Interference With Radio Communication By Therapeutic Equipment

H. B. Williams, New York (*Journal A. M. A.*, Nov. 28, 1936), believes that many members of the medical profession will learn with surprise that they have been, unwittingly, responsible for broadcasting a great deal of disturbance of a particularly annoying type. The most prominent offenders in the medical armamentarium are the various medical and surgical diathermy machines, particularly the new short wave diathermy and artificial fever devices. Last winter important activities of the Naval Research Laboratory at Washington, D. C., were subjected to interference so serious as to stop the work completely. Eventually, after great trouble and expense, the disturbance was traced to therapeutic equipment. The first disturbing instrument located was a diathermy unit located in a hospital at Cambridge, Mass. This apparatus was found to have been so connected to the power supply line that the latter functioned as an antenna and enabled this small apparatus to broadcast a "sky wave" of considerable intensity. It is expected that the Council on Physical Therapy of the American Medical Association will presently alter its requirements for acceptance of electrical equipment such as is known to have caused interference. Manufacturers will be asked to submit evidence that the construction and installation specifications are such as to prevent interference. It is imperative that the medical profession and the manufacturers of electrical equipment for the profession take prompt steps to abate this nuisance, as otherwise it is certain that relief through legislation will be requested. This is liable to bring undesirable restrictions and will probably be entirely unnecessary if suitable action is initiated by the profession itself.

CURRENT EDITORIAL OPINION

Threats to Use the Scissors

(The Nebraska State Medical Journal)

We edit on the theory, no matter who the author, that his paper has no right to occupy more space or to use more words than necessary to state its facts and theories so as to be understandable to its readers. This is a busy world. Few of us get to do the slightest fraction of the things we'd like to do. The writer who uses an excessive number of words in putting over his message is a robber of his readers' time and a confrère's right to get his message into print. He robs also himself of prestige because his lengthy article has few readers as compared to those his shorter article would have. Paper and the labor of setting type are both expensive.

Off the Sidelines and Into the Game

(The Ohio State Medical Journal)

Upon glancing through the membership rolls of the State Association, one finds a considerable number of physicians of ability and influence who are not taking as active a part as they should in the activities of organized medicine . . . Most of those taking but a half-hearted interest, if any, in the affairs of organized medicine belong to two groups. One group comprises those who are content to let accommodating men with unusual energy and initiative shoulder the responsibilities of county and state organization activities as long as they can participate in the benefits accruing from the hard and earnest work of these volunteers. The second group is composed of physicians who are devoting so much time and effort to the affairs of special medical or scientific societies or groups that they have little opportunity or inclination to take part in the activities of their county medical society and the State Association.

Michigan Not Alone

(New York State Journal of Medicine)

"Who Wants Socialized or State Medicine?" The answers furnished to this question by the Michigan State Medical Society paint a revealing picture of the attempt of a few paid reformers and ambitious politicians to foist compulsory health insurance upon an unwilling nation. The situation in Michigan is in no major feature dissimilar from that in New York. Here as there, no spontaneous demand exists for a radical revision of the present system of private medical care. Such pressure as is exerted upon legislators comes from seekers after personal profit who see in compulsory health insurance an opportunity for jobs, financial gain, or political power.

The great majority of people have no serious complaint against the type of service they receive under the present system.

Poor Reception—Three deaf old gentlemen were in a railway carriage on the way to London.

The one nearest the carriage window looked out when the train came to a standstill.

"It's Wembley" he said.

The second man shook his head.

"No, it's Thursday," he replied.

"Thirsty?" said the third deaf man. "So am I. Let's all get out and have a drink."—Quebec *Chronicle-Telegraph.*

UNIVERSITY OF MICHIGAN POSTGRADUATE COURSES

The Department of Postgraduate Medicine of the University of Michigan Medical School, in conjunction with the Wayne University College of Medicine and the Michigan State Medical Society, announces the following short, intensive postgraduate courses:

UNIVERSITY HOSPITAL, ANN ARBOR

Electrocardiographic Diagnosis

(April 5-10, inclusive)

The teaching schedule of the course is divided equally between lectures, with lantern slide demonstrations, and the examination under supervision of electrocardiograms from the files of the laboratory. Each of the lectures is followed by the examination of curves. Professor Frank N. Wilson.

First Day

Morning. The scope of electrocardiographic diagnosis. The various types of electrocardiographs; design and operation; advantages and disadvantages. Demonstration of the string galvanometer and cathode ray oscillograph.

Afternoon. The specialized tissues of the heart; anatomy and physiology. The normal electrocardiogram; the R-R, QRS, and Q-T intervals and their significance. Size of the various deflections in standard leads. Einthoven's triangle.

Second Day

Morning. Sinus bradycardia, sinus tachycardia and sinus arrhythmia. Atrioventricular rhythm. Prolonged P-R interval. Partial and complete A-V block. Stokes-Adams attacks. Sino-auricular block.

Afternoon. Extrasystolic arrhythmia and paroxysmal tachycardia.

Third Day

Morning. Auricular fibrillation and auricular flutter. Effects produced by digitalis and quinidine.

Afternoon. Bundle branch block, dextrocardiogram and levocardiogram, precordial leads. The areas of the electrocardiographic deflections.

Fourth Day

Morning. Intraventricular block of minor grades; notching and slurring of the QRS deflections. Deflections of abnormally small and of abnormally large amplitude; axis deviation.

Afternoon. The T-deflection. Primary and secondary abnormalities of T. The significance of the area of T and of the area of QRST.

Fifth Day

Morning. Coronary occulsion. Animal experiments. Changes in the QRS and T-deflections of standard leads. Changes in QRS and T in precordial leads.

Afternoon. Examination of curves.

Sixth Day

Morning. Examination of curves.

While the course is intended primarily for physicians who have had some experience in electrocardiography, the subject will be completely covered and any physician who is interested may enroll. The fee is $25.00, payable on application. If unable to attend, fee will be returned. Enrollment is limited.

Diseases of Metabolism

(April 12-16, inclusive)

In no field of medicine have advances taken place more rapidly than in nutrition. The fundamental researches are now bearing fruit in practical application to the patient. The number of patients with diabetes mellitus, hypertension, nephritis, and their attendant disorders is increasing. These considerations necessitate a periodic review by the practicing physician who is rendering the best service to his patients.

In this five-day course for qualified physicians the practical management of metabolic diseases is presented. The program illustrates the scope of the course. Demonstrations will be given of management of individual patients, of preparation of diets, and informal discussions will be held after each subject has been presented. In order that a thorough working knowledge of these important problems be acquired, all who can are invited to remain during the following week to observe the actual management of the large number of patients suffering from the diseases dealt with in this course, and to take part in the routine management in the clinic. Professor L. H. Newburgh, and Associates.

First Day

Morning. Review of fundamentals of metabolism. Metabolic mixture.

Afternoon. Classification of renal disease. The nature of renal function. Tests of renal efficiency. Informal discussion.

Second Day

Morning. Metabolism in diabetes. Principles of treatment. Hypoglycæmia. Its clinical features and underlying pathology.

Afternoon. The criteria of the normal diet in adults and children. In pregnancy and lactation. Informal discussion.

Third Day

Morning. Clinical treatment of diabetes, including coma. Dietetics aspects. Indications and use of various preparations of insulin.

Afternoon. Calculation of diets. The translation of the dietetic prescription into menus. Informal discussion.

Fourth Day

Morning. The nature and treatment of obesity. The causes of the condition and the associated pathological changes. Its successful management.

Afternoon. Preparation of diabetic diets and the teaching of patients. Informal discussion.

Fifth Day

Morning. (a) The nature of edema. The recognition of the types of edema. Ways of ridding the patient of edema and a plan for the prevention of its recurrence. The importance of diet, water and acid. (b) The general management of renal insufficiency. Selection of diets, dependent on type of pathology. Water requirements and the therapeutic use of high intakes.

Afternoon. Preparation of nephritic diets. Selec-

tion of foods in order to fill dietary prescription. Informal discussion.

Enrollment is limited. The fee for the course is $10.00, payable on application. If unable to attend, fee will be returned.

Ophthalmology and Otolaryngology

(April 26–May 1, inclusive)

The annual postgraduate course in Ophthalmology and Otolaryngology is arranged for those physicians who are especially interested in these fields. It includes a review of fundamental principles through lectures, demonstrations and operative procedures by physicians of national prominence, as well as opportunity to observe the application of modern developments in these specialties.

The course is not designed to prepare practitioners for specialization but to give to those who are prepared to practice Ophthalmology and Otolaryngology a new point of view and a new impetus for further study and investigation, and to offer to all in attendance the benefit of the experience of others in the subjects covered.

The first three days of the course will be devoted to Otolaryngology, under the direction of Professor A. C. Furstenberg, and the last three to Ophthalmology, under the direction of Associate Professor F. Bruce Fralick.

Guest Lecturers

Otolaryngology.—Dean M. Lierle, M.D., Iowa City, Iowa; Horace Newhart, M.D., Minneapolis, Minn.; James A. Babbitt, M.D., Philadelphia, Pa.

Ophthalmology.—Theo. E. Obrig, A.B., New York; Robert von der Heydt, M.D., Chicago; Henry P. Wagener, M.D., Rochester, Minn.; Walter I. Lillie, M.D., Philadelphia, Pa.

Enrollment is limited. The fee for the course is $25.00, or $15.00 for either division, payable on application. If unable to attend, fee will be returned.

Diseases of the Blood and Blood-Forming Organs

(April 8–May 27. Thursday, 2:00–4:30 P. M. Associate Professor Raphael Isaacs)

At each session it is planned to take one or more patients showing certain features of blood diseases, as anemia, leukemia, defect in the blood clotting mechanism, et cetera, and study the history, physical condition and the blood. This will give an opportunity to review the significance of some of the laboratory aids as blood counts, recticulocyte counts, cell measurements, corpuscle volume, the various indexes, criteria of cell maturity and immaturity, oxidase reaction, sedimentation rate, fragility of red blood cells, changes in infection, cell changes as indicators of prognosis, clotting time, bleeding time, prothrombin time, calcium time, icterus index and blood bilirubin. The newer methods of treatment will be demonstrated.

The eight sessions will cover the following conditions, but the order will depend on the material available.

1. Anemia—Iron deficiency types; hemolytic types.
2. Anemia—Pernicious anemia type.
3. Anemia—Aplastic and hypoplastic; pregnancy; syphilis.
4. Leukemia.
5. Infection—Agranulocytosis; polycythemia.
6. Hemophilia and purpura.
7. Lymphoblastoma.
8. Types of splenomegaly.

The course is offered to qualified physicians who are interested in hematology. The fee is $5.00, payable on application. If unable to attend, fee will be returned. Enrollment is limited.

Surgery

(April 1-May 20. Thursday, 3:00-5:00 P. M.)

This course consists of a series of diagnostic clinics in the various fields of surgery. Clinical material will be used throughout to demonstrate the newer methods of treatment in each subject. The course should meet the needs of the surgeon and the practitioner of medicine for a review of the principles and practice of surgery. Professor Fredk. A. Coller and Associates.

Eight clinics on the following subjects will be given:

1. Cancer. A review of common lesions with emphasis on early diagnostic signs and treatment.
2. (a) Newer developments in treatment of fractures of the hip.
   (b) Shoulder disabilities.
3. (a) The treatment of infections.
   (b) Ulcers of the leg and their treatment.
4. (a) Appendicitis.
   (b) Intestinal obstructions.
5. (a) Urinary tract infections. Etiology, pathology, symptoms, signs and treatment.
   (b) Malignancy of the genito-urinary tract, recognition, differential diagnosis and treatment.
6. Management of acute cranio-cerebral and spinal injuries.
7. Backache. Methods of examination, significant signs and symptoms, x-ray interpretations. Conclusions as to treatment.
8. Empyema. Treatment of its various phases. Management of abscesses of the lung.

Enrollment is limited. The fee for the course is $5.00, payable on application. If unable to attend, fee will be returned.

Medical Roentgenology. Advanced Course

(June 28–August 6. Monday, Wednesday, Friday, 1:30–4:30 P. M.)

The first half of this course consists of an intensive systematic laboratory study of the physical principles of x-ray production, the mechanics of x-ray apparatus, and the chemistry of photography. The second half will be devoted to instruction in film-interpretation, fluoroscopic procedures, and the therapeutic use of x-rays as well as radium.

Class limited to twelve students. Juniors and seniors in the Medical School and graduates in medicine eligible. Professor Fred J. Hodges, Assistant Professor W. S. Peck, and assistants.

Laboratory Technic. Clinical Microscopy

(June 28–August 20. Monday, Wednesday, Friday, 8:00-12:00 A. M.)

This course is the same as that given to the sophomore medical students during the regular year. It may be taken by students who wish credit or by technicians who desire training in laboratory methods of diagnosis. The work consists of a study of urine, sputum, stomach contents, feces, exudates, transudates, spinal fluid, agglutination reactions, including the study of iso-agglutinins in relation to blood transfusions. A considerable part of the course is spent in the study of blood and blood dis-

eases. As the course advances the student is taught the diagnostic significance of the technical procedures which he is acquiring. Non-medical students who desire to take this course must take it in the Summer Session. Associate Professor Herman H. Riecker.

Summer Session Courses

(June 28–August 20)

Instruction in the clinical branches is available to qualified physicians during the summer school session. Registration may be either four or eight weeks. A full schedule of organized teaching is arranged to meet individual needs. Registration fee $39.00 for eight weeks period.

HENRY FORD AND CHILDREN'S HOSPITALS, DETROIT

Pediatrics

(April 19, 20 and 21)

The course in pediatrics and contagious diseases is given under the direction of the American Academy of Pediatrics. It consists of lectures and clinics on those conditions in infancy and childhood which contribute prominently to mortality and disability, particularly those whose management has been facilitated by recent contributions. Committee for the Academy: Thomas B. Cooley, M.D., David J. Levy, M.D., Edgar Martmer, M.D., Joseph A. Johnston, M.D., Chairman.

First Day

Morning

(a) Abnormalities of the newborn period.
(b) Clinics: Use of estrogenic substance in the treatment of vaginitis in children; some therapeutic effects of thyroid in the growth period; treatment of undescended testes.
(c) Regulation of body fluids.

Afternoon

(a) Convulsive disorders in childhood.
(b) Clinics: Tetany in the newborn; cerebral hemorrhage in the newborn; the question of drainage.
(c) Feeding in infancy and childhood.

Second Day

Morning

(a) Current practice in prophylaxis and treatment of the contagious diseases.
(b) Clinics: Management of squint in children; urological disorders; acute rheumatic fever; treatment.
(c) Therapeutics of infections of the nose, throat and ear.

Afternoon

(a) Behavior problems in childhood.
(b) Clinics: Rickets; comparison of anti-rachitic agents; scurvy—observations on sub-clinical states.
(c) Common orthopedic disorders in childhood.

Third Day

Morning

(a) Diarrheal diseases of infancy.
(b) Clinics: Indications for encephalography; protamine insulin; nephritis in childhood; treatment.
(c) Physical appraisal of the child from the standpoint of the school examiner.

Afternoon

(a) Diseases of the blood.
(b) Clinics: Pneumonia, therapy of childhood tuberculosis, significance of.
(c) The differential diagnosis of lesions causing abdominal pain.

Evening

8:30 o'clock.

A cordial invitation is extended to all who are attending the course to be present at the April meeting of the Detroit Pediatrics Society, Wayne County Medical Society Building, 4421 Woodward Avenue.

As this program is a contribution of the Academy, no registration fee is charged. Enrollment is limited.

RECEIVING HOSPITAL, DETROIT

Proctology

(April 26, 27 and 28)

The following outline of a short, intensive course in Proctology is arranged for physicians who wish to become more familiar with an important and often neglected field of practice. In accordance with sound teaching in special fields, the subjects are arranged to emphasize the application of the fundamental sciences to proctology and the relation of the latter to the body as a whole. The common conditions will be studied thoroughly by means of abundant clinical material presented for diagnosis and treatment.

First Half: Associate Professor Edward G. Martin, Assistant Professor H. I. Kallet, and Associates.

Second Half: Professor Louis J. Hirschman, Associate Professor John J. Corbett, and Dr. Jesse T. Harper.

First Day

Morning. Embryology, applied anatomy, and physiology of anus, rectum and colon, with a general consideration of ano-rectal diseases. Hemorrhoids, fissures, etc. Prolapse of the rectum.

Afternoon. Colitis. Lymphopathia venerea; stricture. Pruritus ani.

Second Day

Morning. Cancer with especial reference to diagnosis. Anethesia. Diagnostic and operative clinic.

Afternoon. Constipation, obstipation and fecal impaction. Cryptitis, papillitis and polyposis; focal infection from the proctologic standpoint. Foreign bodies in the anus and rectum; injuries of the anus and rectum; the proctologic affections of infancy and childhood.

Third Day

Morning. Abscess and fistula of the ano-rectal region. Demonstration of clinical cases.

Afternoon. Demonstration of technic of office treatment of diseases of the anus, anal canal and rectum.

This course is followed immediately by a three-day course in Diseases of Genito-urinary Tract. Registration for either course is $10.00, or $15.00 for both, payable on application. Enrollment is limited.

Diseases of the Genito-Urinary Tract

(April 29, 30, May 1)

This course emphasizes the diagnosis of common disorders of the genito-urinary tract. It is designed for physicians who wish to become familiar with this field of practice. In accordance with sound teaching in special fields, the subjects are arranged to emphasize the application of the funda-

mental sciences to disease of the genito-urinary tract, and the relation of the latter to the body as a whole. The common conditions will be studied thoroughly by means of abundant clinical material presented for diagnosis and treatment. Associate Professor Fred H. Cole, and Associates.

First Day

Morning. Urology in children. Clinical demonstration of urological diagnosis.

Afternoon. Demonstration of office methods in urology. Acute and chronic gonorrhea and its complications. What the general practitioner should know regarding cystoscopic diagnosis, functional tests and x-ray investigation in diseases of the genito-urinary tract.

Second Day

Morning. Operative work. Pus in the urine; where it comes from and what it means. Causes and significance of blood in the urine. Malignancies of the genito-urinary tract.

Afternoon. Obstruction at the neck of the bladder. Types. Complications in kidneys and bladder. Medical and surgical treatment of the vesical neck. Obstruction with special reference to the prostate. Drugs and diets in urogenital diseases.

Third Day

Morning. Operative work. Diseases of the kidney with differential diagnosis. Diseases of the bladder.

Afternoon. Tuberculosis of the urinary tract. Calculus of the urinary tract. Diseases of the penis, urethra, scrotum and scrotal contents.

This course is preceded by the three-day course in Proctology. Registration for either course is $10.00, or $15.00 for both, payable on application. If unable to attend, fee will be returned. Enrollment is limited.

Gynecology, Obstetrics and Gynecological Pathology

(May 3-7, inclusive)

The following advanced course offers a thorough review of the basic principles of modern obstetrics, those involved in caring for injuries common to childbearing, and the pathological changes incident thereto. While the program is arranged for those already interested in this field, the subjects are chosen and presented in a manner to be of value in the everyday practice of Medicine. The abundant clinical and pathological material of the Receiving Hospital will be utilized. Professor Ward F. Seeley, Professor James E. Davis, and Associates.

First Day

Morning. Hyperemesis gravidarum. Obstetric analgesia and anæsthesia. Asphyxia of the newborn.

Afternoon. The pathology of puerperal infection. Dysmenorrhea. Birth injuries and their end results.

Second Day

Morning. Diagnosis and treatment of gonorrhoeal pelvic inflammation. Non-malignant ovarian cysts. The indications and contra-indications for version and extraction.

Afternoon. Malignancy of the ovary. The factors concerned in sterility. Low and mix-forcep operations.

Third Day

Morning. Gynecological clinic.

Afternoon. What can be done for carcinoma of the uterus with radium and x-ray? Toxemias of late pregnancy. Placenta previa.

Fourth Day

Morning. Newborn problems during the first month. The management of posterior positions. Vaginal discharge (non-malignant).

Afternoon. The pathology of gonorrhoeal infection in the female. Rupture of the pregnant uterus. Indications and methods for therapeutic abortion.

Fifth Day

Morning. Gynecological Clinic.

Afternoon. Hereditary and environmental influences in pathology. Office practices in gynecology General systemic diseases complicating pregnancy.

The fee for the course is $15.00, payable on application. If unable to attend, fee will be returned. Enrollment is limited.

RECEIVING AND HERMAN KIEFER HOSPITALS, DETROIT

General Medicine

(May 10-14, inclusive)

This program is the ninth of a series of annual intensive courses directed especially to problems of general medical and surgical practice. The five-day course will include subjects presented in the 1936 fall extra-mural teaching program, using direct bedside teaching methods. The course offers an opportunity to the physician to become acquainted with the progress of medical science in all fields rather than as a brief reminder of older practices. The continuing progression of the programs through five years makes it possible to deal more thoroughly with each subject than in the usual refresher course. Special attention is called to the teaching period in communicable diseases at the Herman Kiefer Hospital.

Physicians attending the course are presented with the second volume of the Michigan Postgraduate Series.

First Day

Morning. Acute lobar pneumonia. A discussion of specific methods of treatment. A consideration of sera and vaccines. Recognition of complications. Empyema.

Afternoon. Appendicitis. A consideration of the problems involved in the increasing death rate from appendicitis. Differential diagnosis of diseases of the breast.

Second Day

Morning. The diagnosis and practical management of the more common diseases and injuries to the eye. The conjunctiva. Squint. Foreign bodies. Glaucoma. Recognition and management of acute and chronic diseases of the ear.

Afternoon. Fungus and allied infections of skin. Tineal infections. Tricophytids, tinea versi-color, arythrasma, blastomycosis, coccidioidal granuloma, et cetera. Allergic diseases

(a) The skin in immunity and allergy.

(b) The common skin manifestations of allergy.

Third Day

Morning. Malpositions of the uterus. The importance of clinical manifestations. Diagnosis and treatment. Management of post-partum infection. Diagnosis of mild cases. Courses of the infection, prognosis, prevention and treatment.

Afternoon. The differential diagnosis and management of coronary disease. Progressive coronary

(Continued on page 178)

President's Page

MEDICAL LEADERSHIP

SIR WILLIAM OSLER, one of the world's greatest medical writers, is credited with fanning into flame the spark that many a man did not realize was in him. This physician developed his latent ability and became a medical leader, heard throughout the world.

Many a doctor of medicine of the present day has latent abilities; these men need only the application of a "fan" to make them interesting and aggressive leaders. The time has arrived when the medical men of America must assert themselves and acquaint the people with the true facts of their profession. The public is learning much about medical practice and the profession but the plurality of information is of a biased and shaded nature which tells only half-truths not complimentary to medical men and women. The altruism of our professional people deserves a better vote of thanks than that!

Magazines and newspapers of national scope are publishing articles weekly and monthly which are giving our lay readers distorted and false impressions of medical subjects and activities. Perhaps these are inspired by our opponents who are ever on the alert, constantly contacting lay groups, giving only part of the story on such matters as socialized medicine, medical service to all groups especially those in the subsistence level and those employed with modest incomes.

If the public develops an antagonistic viewpoint toward the medical profession, it can hardly be blamed because it is hearing but one side of an important question. The medical viewpoint is not heard, mainly because the physician himself, who is the only one qualified to tell the story, is too modest to "toot his own horn."

Hiding our light under a bushel is to no avail and contrary to modern trends. You medical men and women are or should be leaders in your communities. Like Dr. Osler, you must encourage the spark of medical leadership and bring the message of medicine to your public—to service clubs, women's organizations, Parent-Teacher organizations, etc. Doctor, arrange to speak to these groups on subjects pertaining to medicine; for example, know the facts and spread your knowledge concerning the perils of any socialized medicine scheme in America. Many of you will say that you cannot talk in public. Neither can I, *but I do.*

Carry the torch in behalf of good medical service which tolerates no deterioration. No one else will do it for you. Let us have a thousand Osler's in this state, fifty thousand in the nation. You must be heard across the land. Medical leaders, assert yourselves NOW!

Henry E. Perry

President of the Michigan
State Medical Society

The Business Side of Medicine

The following is the third of a series of brief articles on the business side of a physician's practice. They offer pithy suggestions and aids to enable the doctor to master, with more ease, a phase of his daily work which is often distasteful but always necessary.

WHAT YOU OWE AND WHAT YOU OWN

HENRY C. BLACK and ALLISON E. SKAGGS

THE doctor usually gives more attention to what he owes than what he owns, because any creditors usually remind him at regular intervals of his obligations to them when possibly he has forgotten the amounts he has invested in property, such as his home, office equipment, car, et cetera. A discussion of assets and liabilities need not necessarily bring to mind the complicated financial report of some large corporation, but can refer to a simple listing of "What You Own" (Assets) and "What You Owe" (Liabilities). Some form of income and expense records has become almost universal due to the necessity of having figures for income tax reports, and it is but a step further to list values owned and obligations. Such a listing of assets and liabilities can be itemized very simply with such general headings as these:

What You Own	*What You Owe*
1. Cash and Bank Account	1. Unpaid Bills
2. Investments (Itemized)	2. Notes Payable
3. Automobile	3. Mortgages
4. Furnishings and Equipment	
5. Books and Instruments	
6. Real Estate	

Naturally the difference between the totals of the two columns is the net worth of the doctor. Keeping such lists up to date by monthly recording of the additions and reductions requires more thought or advice but is immeasurably superior to the more customary method and is not necessarily complicated.

Contrast such a record with the common practice of laboriously bringing forth, probably from the previous year's income tax blanks, the cost of car, office furnishings, equipment, instruments, etc., dusting them off, revising them, and finally with a sigh storing them away until another March 15 requires their use. When such sketchy records are the only ones available is it any wonder that administrators often run into difficulties when a doctor's estate must be settled?

Good management of funds is, if anything, more difficult than obtaining them, and the doctor can usually improve his own business judgment by constantly having the whole financial picture before him. Only by so doing can intelligent management be applied to the financial problems of practicing medicine.

UNIVERSITY OF MICHIGAN POSTGRADUATE COURSES

(Continued from page 176)

occlusion. Angina pectoris. Case presentations. Clinical pathological conference. Clinical course and pathology of circulatory disease.

Fourth Day

Morning. Care of the injured person, including the recognition and emergency care of shock, hemorrhage, wounds and fractures. Case presentations of fractures.

Afternoon. Clinical methods of diagnosis of ulcerative lesions of gastro-intestinal tract, including stomach, duodenum and colon. Newer methods of treatment. Diagnosis of diseases of colon.

Fifth Day

Morning. Urinary tract obstructions. Urethral, prostatic, bladder and ureteral lesions. Symptoms, diagnosis and management. The common psychoneuroses in adults and children. The evaluation of history and signs. The manifestations in the organs. Treatment. Advances in endocrinology as applied to gynecology.

HERMAN KIEFER HOSPITAL

Afternoon. Ward walks and clinics in the common contagious diseases. Evaluation of methods of immunization in measles, scarlet fever, and diphtheria.

Registration is limited. No fee.

Further information about the above courses will be furnished upon request. Director, Department of Postgraduate Medicine, University of Michigan, Ann Arbor, Michigan.

DEPARTMENT OF SOCIETY ACTIVITY

L. FERNALD FOSTER, M.D., Secretary

Council Chairman's - - - Communication

POST-PAYMENT PLAN

"A STITCH in time saves nine" still holds good when applied to the future of medicine.

At a recent meeting with the Parent-Teacher Association we discussed the benefits of the post-payment plan and the evils of some county health units, whereby the people were taking advantage of the county fee bill to the loss of the family doctor.

One woman spoke of the time a few years ago when her son had mastoiditis and needed an operation and that the doctor refused to operate unless he had all the fee in advance. "We had to go to the county as they allowed us to pay it back in small amounts.

"If you had had your present post-payment plan in effect at that time, it would have helped us and also the doctor," she added.

"Hold that Patient, Hold that Patient," figuratively speaking, should be the slogan of all physicians.

In practical practice it means keep your patient medically minded and your side is to see all medical and surgical needs are cared for and that some plan for the economical side is satisfactory. If not your patient will yell: "We want State Medicine."

Have we progressed in the *right* way?

If we had taken care of our poor as we did in the past and not accepted Social Security fees we would have retained our standing with the public.

As we have now digressed, our post-payment plan is the best substitute.

See that you explain this plan to your patients.

P. R. URMSTON, M.D.
Chairman of the Council

ANNUAL CONFERENCE OF COUNTY SECRETARIES

THE Annual Secretaries' Conference for 1937 was held at the Olds Hotel, Lansing, Sunday, February 7, beginning at 11:00 A.M. This annual meeting, which is designed to inspire and instruct the county secretaries, was particularly successful this year. Of the fifty-four County Society secretaries, forty were present. Eight of the absentees were from the Upper Peninsula and the traveling distance and time element involved accounted for their absence. In addition to the forty secretaries there were over sixty others attending the Conference. This group was made up of state officers, councilors, state committee chairmen, presidents and other key men of the component county units. Among the invited guests were Dr. W. F. Northrup, president of the Michigan State Dental Society; Miss Olive Sewell, R.N. secretary of the Michigan State Nurses Association; Mrs. A. V. Wenger, president of the Woman's Auxiliary of the Michigan State Medical Society; and Dr. W. W. Bauer, director of the Council on Health and Public Instruction of the American Medical Association, Chicago. The following program was carried out on schedule:

1. Call to order by Chairman L. Fernald Foster, M.D.
2. Introduction of President Henry E. Perry. M.D., Newberry, Michigan.
   President-elect Henry Cook, M.D., Flint, Michigan.
   Council Chairman P. R. Urmston, M.D., Bay City, Mich.
3. "Scientific Aspects of Medical Practice Today." Grover C. Penberthy, M.D., Past President, M.S.M.S.
4. "What the 1937 Legislature Holds for the Private Practitioner of Medicine." Henry E. Perry, M.D., Newberry, President, M.S.M.S.
5. "Some Phases of Public Relations." W. W. Bauer, M.D., Chicago, Director of the Bureau of Health and Public Instruction, A.M.A.
6. "Leadership by the Physician and by his County Medical Society." Wm. J. Burns, LLB. Executive Sec'ty. M.S.M.S.
7. Dinner, Main Dining Room, Olds Hotel, 12:15 P.M.
8. Round-table discussions by Committee Chairmen of the M.S.M.S.
9. Adjournment at 4 P.M.

Past President Penberthy of the Michigan State Medical Society gave a very scholarly talk on the historical development of modern scientific medicine. This all important phase of organized medicine was emphasized and impressed upon those present.

President Perry of the State Society presented to the gathering the present status of legislative activity in Michigan as it affected the medical profession. The County Secretaries as key men in their societies were impressed with their responsibility of making and stimulating legislator contacts at home.

Executive Secretary Burns further elaborated upon the various impending legislative bills. He detailed particularly the suggested Occupational Disease Bill and that of Group Hospitalization, also analyzed the various implications of the Social Security Act.

Dr. W. W. Bauer, Chicago, director of the Council of Health and Public Instruction of the American Medical Association, presented his carefully prepared paper on "Some Phases of Public Relations." His presentation was highly inspirational to the group and suggested many practical means of medical publicity for organized medicine. The paper was particularly inspiring to the County Secretaries since it emanated from the parent organization, the American Medical Association.

Following the dinner at 2:00 P. M. a discussion hour was held at which various committee chairmen and others presented condensed accounts of their various activities and projects. The following took part in the program.

1. Dr. L. G. Christian, Chairman of the Legislative Committee, discussed medical legislation in the present Michigan Legislature.
2. Mrs. A. V. Wenger, president of the Woman's Auxiliary, Michigan State Medical Society, made a plea for more auxiliaries and discussed their advantages.
3. Dr. Florence Ames, chairman of the Woman's Auxiliary Committee, added her commendation of the Auxiliaries and urged consideration of such bodies in more of the County Societies.
4. Dr. Alexander M. Campbell, chairman of the Maternal Health Committee, elaborated upon the obstetrical survey being conducted in Michigan and outlined its purposes.
5. Dr. Ralph H. Pino, chairman of the Committee on Economics, gave a clear, concise account of the medical phases of relief and welfare bills.
6. Dr. Loren W. Schaffer, chairman of the Syphilis Control Committee, presented the "Michigan Plan" of syphilis control and announced its approval by Dr. Slemons, State Commissioner of Health.
7. Dr. L. O. Geib, chairman of the Preventive Medicine Committee, stressed the physician-patient relationship in all preventive work and made a plea for greater participation in this work by the private physician in his practice.
8. Dr. Clare Gates, Field Secretary of the Joint Committee on Health Education, urged cooperation and leadership on the part of county medical societies in all matters of health education.

Before concluding the Conference the Nominating Committee, appointed early in the day and composed of Dr. P. R. Urmston, chairman of the Council, Councilor F. T. Andrews and Secretaries Dr. John McCann, Ionia, Dr. C. E. Umphrey, Detroit and Dr. A. T. Rehn, Newberry, presented the names of Dr. L. E. Holly, Muskegon, and Dr. H. W. Porter, Jackson, as candidates for chairman of the Conference in 1938. Upon the withdrawal of Dr. Porter as candidate, Dr. Holly was unanimously elected chairman for next year.

If the attention paid to all the speakers and those participating in the discussion was indicative of the interest in the Secretaries' Conference, we are convinced that the session was well worth while and productive of much inspiration which should be reflected in greater activity among the fifty-four component county units.

The Conference adjourned at 4:00 P. M. with the presentation of the following specifications for a "Good County Medical Society Secretary" contributed by Dr. H. W. Porter, secretary of the Jackson County Medical Society.

A good county medical society secretary should:

1. Know every man in the county society by his first name.
2. Be able to take minutes so they can be read years later.
3. File these minutes so they can be found.
4. Answer all correspondence promptly and keep a carbon copy for his own protection and reference later.
5. Know more about what each committee is supposed to do than the committee does and
6. Know if they are doing it, and
7. Find out why they are not doing what they are supposed to do, and
8. Be able to pinch for them if they do not do it, till the president has time to appoint another committee.
9. Realize that the position as secretary is a job which is an admission on the part of those who elected him that he is a "horse for work" and that the honorary job of president is more often a matter of popularity based on years of residence in the community.
10. Be ready with a substitute speaker, of good standing, on five hours' notice.
11. Know how to get the dues in and still make

the delinquent member proud that he had such a standing that he could be late with the payment.

12. Expect criticism for a bad program even if he had nothing to do with it.
13. Expect no credit for a good program if he did arrange it.
14. Pull spare dinners out of a hat for those who never make reservations and make them think that it is an honor to be allowed to serve them when they condescend to grace the meeting with their presence.
15. Know who had the lantern last, where it is, how to produce it out of the said hat, and how to make it work at the last minute.
16. Apologize for the wrinkles in the sheet that is used for a screen.
17. Know at a glance who the stranger at the meeting is before he gets kicked out, and why he is there.
18. Be a mind reader and know who is sick, of what, where and why.
19. Be able to kid the kidders and take kidding gracefully.
20. Know all state officers by face and name, including the offices they hold and their preference for Scotch and soda, beer, or Bourbon and water.
21. Keep his own office in running order and his patients satisfied that the last meeting he attended was an important consultation at a high fee.
22. Never get sick or sick of the job.
23. Never be late or absent.
24. Know who the workers are in the society so the President can appoint them to committees and juggle them around each year so they are always busy and still think that the job is a new one that only they can handle properly.
25. Never mention any of the above items to anyone.

The following is the attendance roll of the Secretaries' Conference:

Secretaries of County Societies—Allegan: Dr. M. B. Beckett, Allegan; Barry: Dr. G. F. Fisher, Hastings; Bay: Dr. A. L. Ziliak, Bay City; Branch: Dr. F. S. Leeder, Coldwater; Calhoun: Dr. Wilfrid Haughey, Battle Creek; Cass: Dr. K. C. Pierce, Dowagiac; Chippewa-Mackinac: Dr. G. A. Conrad, Sault Ste. Marie; Clinton: Dr. T. Y. Ho, St. Johns; Eaton: Dr. T. Wilensky, Eaton Rapids; Genesee: Dr. C. L. Colwell, Flint; Grand Traverse-Leelanau-Benzie: Dr. E. F. Sladek, Traverse City; Gratiot: Dr. R. L. Waggoner, St. Louis; Hillsdale: Dr. E. G. McGavran, Hillsdale; Huron-Sanilac: Dr. E. W. Blanchard, Deckerville; Ingham: Dr. R. J. Himmelberger, Lansing; Ionia-Montcalm: Dr. J. J. McCann, Ionia; Jackson: Dr. H. W. Porter, Jackson; Kalamazoo: Dr. L. W. Gerstner, Kalamazoo; Kent: Dr. J. M. Whalen, Grand Rapids; Lapeer; Dr. Clarke Dorland, Lapeer; Lenawee: Dr. Esli T. Morden, Adrian; Livingston: Dr. D. C. Stephens, Howell; Luce: Dr. A. T. Rehn, Newberry; Macomb: Dr. R. F. Salot, Mt. Clemens; Manistee: Dr. C. L. Grant, Manistee; Monroe: Dr. Florence Ames, Monroe; Muskegon: Dr. L. E. Holly, Muskegon; Newago: Dr. W. H. Barnum, Fremont; No. Michigan: Dr. Gilbert Saltonstall, Charlevoix; O.M.C.O.R.O.: Dr. C. G. Clippert, Grayling; Oakland: Dr. O. O. Beck, Birmingham; Ottawa: Dr. K. N. Wells, Spring Lake; St. Clair: Dr. G. M. Kesl, Port Huron; St. Joseph: Dr. J. W. Rice, Colon; Saginaw: Dr. H. C. Wallace, Saginaw; Shiawassee: Dr. R. J. Brown, Owosso; Tuscola: Dr. B. H. Starmann, Cass City; Washtenaw: Dr. L. J. Johnson, Ann Arbor; Wayne: Dr. C. E. Umphrey, Detroit, and Executive Secretary James A. Bechtel, Detroit; Wexford: Dr. Benton Holm, Cadillac.

Presidents of County Societies—Barry: Dr. H. S. Wedel, Freeport; Genesee: Dr. A. Thompson, Flint; Grand Traverse-Leneenau-Benzie: Dr. Dwight Goodrich, Traverse City; Gratiot-Isabella-Clare: Dr. Kenneth P. Wolfe, Breckenridge; Lapeer: Dr. H. M. Best, Lapeer; Lenawee: Dr. A. W. Chase, Adrian; Livingston: Dr. H. L. Sigler, Howell; Macomb: Dr. J. N. Scher, Mt. Clemens; Saginaw: Dr. L. C. Harvie, Saginaw; St. Clair: Dr. H. O. Brush, Port Huron; Washtenaw: Dr. R. M. Nesbit, Ann Arbor; Wayne: Dr. T. K. Gruber, Eloise; Wexford: Dr. Gregory Moore, Cadillac.

Councilors of M.S.M.S.—Dr. J. E. McIntyre, Lansing; Dr. F. T. Andrews, Kalamazoo; Dr. I. W. Greene, Owosso; Dr. T. F. Heavenrich, Pt. Huron; Dr. W. E. Barstow, St. Louis; Dr. P. R. Urmston, Bay City; Dr. H. H. Cummings, Ann Arbor; Dr. A. S. Brunk, Detroit.

State Society Officers—Dr. Henry E. Perry, Newberry, President; Dr. Henry Cook, Flint, President-Elect; Dr. L. Fernald Foster, Bay City, Secretary; Dr. James H. Dempster, Detroit, Editor; Dr. F. E. Reeder, Flint, Speaker; Dr. G. C. Penberthy, Detroit, Past President; Wm. J. Burns, Lansing, Executive Secretary; Dr. W. W. Bauer, Director, Bureau of Health and Public Instruction, A.M.A., Chicago.

Other Guests—Drs. L. G. Christian, Lansing; L. O. Geib, Detroit; A. M. Campbell, Grand Rapids; R. H. Pino, Detroit; L. W. Shaffer, Detroit; F. B. Miner, Flint; A. G. Sheets, Eaton Rapids, Wm. S. Reveno, Detroit; A. V. Wenger, Grand Rapids; R. C. Perkins, Bay City; W. H. Haughey, Battle Creek; H. A. Miller, Lansing; R. L. Finch, Lansing; E. I. Carr, Lansing; D. M. Snell, Lansing; D. A. Cameron, Brighton; E. W. Caster, Mt. Clemens; George Waters, Pt. Huron; W. E. Ward, Owosso; J. S. DeTar, Milan; W. F. Northrup, Detroit, President of Michigan State Dental Society; Miss Olive Sewell, Lansing, Secretary of Michigan State Nurses' Association; Mrs. A. V. Wenger, Grand Rapids, President of Woman's Auxiliary, M.S.M.S.; Clare Gates, Ph.D., Ann Arbor; Mr. Harry R. Lipson, Detroit, Assistant Secretary, Wayne County Medical Society.

IMPORTANT ACTIVITIES OF MSMS AND ITS COUNTY SOCIETIES

I. Legislation:
   1. Basic Science Bill, Brochure, "Michigan Needs a Basic Science Law."
   2. Occupational Disease Bill.
   3. Workmen's Compensation Law.
   4. Welfare and Relief—with ten proposed bills including the afflicted and crippled child.
   5. Social Security—including maternal and child welfare and syphilis control.
   6. Group Hospitalization.
   7. Cult Proposals.

II. Economics:
   1. The State Society's five points for the Welfare Commission's bill.
   2. Post-payment plans for the borderline group.
   3. Socialized Medicine; Brochure, "Who Wants Socialized or State Medicine?"

III. Medical Speakers before Lay Groups and Organizations: (Coöperation from Joint Committee on Health Education.)

IV. Speakers on Scientific subjects for Programs of County Medical Societies:
   Programs available from Committees of the Michigan State Medical Society on
   1. Cancer
   2. Maternal Health.
   3. Mental Hygiene.
   4. Syphilis.
   5. Tuberculosis
   6. Preventive Medicine.
   7. Economics.

V. Radio Programs weekly over 18 stations throughout Michigan.

VI. Exhibits at the Annual State Meeting of the Michigan State Medical Society:
   1. Scientific.
   2. Technical.

VII. The Journal of the Michigan State Medical Society.
   1. Scientific articles.
   2. Special numbers in May and September, 1937.
   3. County Society news, County Society notes, necrologies, etc.
   4. Advertising.

VIII. Michigan State Medical Society Bureau of Information, contacting 425 newspapers in Michigan.

IX. Medical Supplements in city and county newspapers.

X. The Filter System.

XI. County Health Units—educational and administrative.

XII. Non-practice protection.

XIII. Ethics Committee of the Michigan State Medical Society.

XIV. Development of the Woman's Auxiliaries.

XV. Membership campaigns for eligible non-members.

The above answers in part only the question that is sometimes raised as to "What is the State Society Doing?"

It is the responsibility of every member of the Michigan State Medical Society to acquaint himself with these activities and to assist in making them available whenever needed to his county medical society and local community.

COUNCIL AND COMMITTEE MEETINGS

1. *January 29, 1937*—Preventive Medicine Committee —Jackson—11:00 A.M.
2. *January 29, 1937*—Advisory Committee on Syphilis Control—Jackson—11:00 A.M.
3. *February 5, 1937*—Liaison Committee of Michigan State Medical Society with Dentists, Nurses, and Pharmacists—Pontiac—8:00 P.M.
4. *February 7, 1937*—Public Relations Committee — Olds Hotel, Lansing—4:00 P.M.
5. *February 14, 1937*—Contact Committee with Governmental Agencies—Olds Hotel, Lansing—2:00 P.M.
6. *February 17, 1937*—Maternal Health Committee—University Hospital, Ann Arbor—12:00 noon.
7. *February 18, 1937*—Executive Committee of The Council—Owosso City Club, Owosso—3:00 P.M.
8. *February 18, 1937*—Legislative Committee—Owosso City Club, Owosso—4:30 P.M.
9. *February 19, 1937*—Liaison Committee of Michigan State Medical Society with Dentists, Nurses, and Pharmacists—Hotel Statler, Detroit—6:30 P.M.

The Physician and the Traffic Problem

Lowell S. Selling, Detroit (*Journal A. M. A.*, Jan. 9, 1937), is of the opinion that the chief reason for criticism of the tests proposed in some states and now given to drivers in others, which should be of interest to physicians, is the fact that these tests in themselves do not separate the good from the bad driver. Many of the driving difficulties are due to emotional handicaps or arise from some temporary physical condition that is correctable or that might not occur again in the same individual during the rest of his life. Under these conditions the mere physical examination, a mere check-up of the eyesight, or a brief psychologic test, such as the Binet or some simpler test, would fail to reveal why the man under consideration had his accident or why he is a chronic law violator. Until physicians themselves give these examinations, compile data and show just where the line must be drawn between adequate and inadequate physical capacities, licensing by means of physical and mental tests will be more or less of a farce. A mere physical handicap is no contraindication to driving, and it requires the decision of an experienced and highly trained individual to make a determination. The features which the physician must consider when mapping out plans for making examinations for driver's license, or examining offenders or persons involved in accidents, from the physical and mental standpoint, are the general physical condition, the eye examination and mental deviations.

Club Dues Versus Medical Society Dues

Ever and anon a complaint is received in regard to medical society membership dues. As a rule the complaining member is a member in name only, he attends his county and state meetings on rare occasions and is possessed of little information as to what is being done in defense of his profession or to prevent outside encroachment on his practice and livelihood. By nonattendance he neglects opportunities to improve his professional ability and standards of practice.

When questioned it is found that the complainant is a member of several clubs and lay social organizations. He pays from $75 to $150 for the privilege of playing golf. Dues of $60 to $125 are paid for admission to a club where he can pay 85 cents to $1.25 for his noon lunch, an hour of bridge, billiards or checkers and say "Howdy" to the banker, lawyer or merchant Pooh Bah of his town. He readily remits $50 to $100 per year to some luncheon club where he can sing the "old songs," be called Jack, and listen for thirty minutes to some imported speaker describe how a can is made in six operations from one small piece of tin. Then there is the lodge, church, fishing or skeet club, and possibly one or two other lay organizations. All told, his nonmedical organizations tap him for from $200 to $400 for yearly dues. His medical society dues average from $20 to $50 per year, the average being about $25 per year.

Criticism is not directed against membership in these organizations, provided income permits. Criticism is directed against such membership when complaint is made, "we are paying too much for what we get." That claim is challenged because facts exist to disprove that statement. The trouble is that this member has never taken the pains to ascertain or acquire the full benefits of membership in his county medical society. He can secure the facts by reading the editorials and Association activities columns in the preceding twelve issues of *California and Western Medicine*.* For value received a physician obtains more from his medical dues than he obtains from his dues paid to nonmedical organizations. The value of returns is so great and membership benefits so vital that an eligible physician cannot afford *not* to be a member.—*California and Western Medicine.*

*If the reader is a Michigan M.D. he may substitute JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY.

MID-WINTER MEETING OF THE COUNCIL
January 20 and 21, 1937

HIGHLIGHTS:

1. **Annual Meeting set for Grand Rapids, September 27, 28, 29, 30, 1937.**
2. **Secretary, Treasurer, Editor, Medico-Legal Committee, Executive Secretary elected.**
3. **Budget for 1937 approved.**
4. **Venereal Disease Control Program for Michigan (wth preservation of physician-patient relationship) approved.**
5. **Five points covering medical phases of relief and welfare agreed upon for inclusion in proposed recodification of laws.**
6. **Preliminary steps to create Health League of Michigan.**
7. **Committee formed to represent M.S.M.S.-Michigan Hospital Association-Michigan Association of Roentgenologists, in crippled-afflicted child work.**
8. **Brochure: "Michigan Needs a Basic Science Law" approved for publication.**
9. **Study made of proposed occupational disease and of group hospitalization bills.**
10. **Hillsdale County Medical Society transferred to Second Councilor District.**

First Session of the Council

1. *Roll Call.*—The meeting of The Council was called to order in the Judge Woodward Room of the Statler Hotel, Detroit, at 2:15 p. m., on January 20, 1937, by Dr. P. R. Urmston, Chairman. Those present were Drs. Urmston, F. E. Reeder, Flint; B. H. Van Leuven, Petoskey; Wilfrid Haughey, Battle Creek; Vernor M. Moore, Grand Rapids; R. H. Holmes, Muskegon; F. T. Andrews, Kalamazoo; W. E. Barstow, St. Louis; I. W. Greene, Owosso; F. C. Bandy, Sault Ste. Marie; W. A. Manthei, Lake Linden; F. A. Baker, Pontiac; H. R. Carstens, Detroit; A. S. Brunk, Detroit; J. Earl McIntyre, Lansing. Also present were Dr. Henry E. Perry, Newberry, President; Dr. Henry Cook, Flint; Dr. James H. Dempster, Detroit; Dr. L. Fernald Foster, Bay City; Dr. A. F. Jennings, Detroit; Dr. H. A. Luce, Detroit; and Executive Secretary Wm. J. Burns. Absent: Drs. T. F. Heavenrich, Port Huron; Harlan MacMullen, Manistee, and H. H. Cummings, Ann Arbor.

2. *Minutes.*—The minutes of the last meeting of The Council, and the minutes of the meetings of the Executive Committee of The Council were approved on motion of Dr. Holmes, seconded by several and carried unanimously.

3. *Editor's Annual Report.*—The Chair called upon Dr. J. H. Dempster for his annual report, which was read:

THE EDITOR'S ANNUAL REPORT—1936

The volume of THE JOURNAL of 1936, namely, the thirty-fifth, is slightly larger than its predecessor; it consists of 836 pages of reading matter exclusive of advertising, as compared with 812 pages of reading matter of volume thirty-four of the preceding year. The typographical appearance of THE JOURNAL is generally admitted to be as fine a specimen of craftsmanship of printing as a reader might wish. The printing of the minutes of the council and executive committee of the council, as well as the minutes of important standing committees, gives every member of the Michigan State Medical Society an opportunity to check up on the stewardship and industry of the elected representatives of the Society. It forms a liaison, not only between members of the Society and the Council and committees, but among the members, nearly four thousand in number, themselves. It is more necessary than ever that every member be thoroughly informed regarding the conditions affecting medical practice.

Papers read at the annual meeting of the Society in September form a nucleus for the ensuing year's contents of THE JOURNAL. However, as in other years, there has been no attempt to confine the contents of THE JOURNAL to the papers read before the various sections at the annual meeting. Many excellent papers have been presented before the constituent county societies of the state. The writing of carefully prepared papers on medical and surgical subjects should be encouraged. The original paper, so-called, serves not only as a review of the accomplishments in the special subject, but as a record of any new knowledge.

THE JOURNAL during the year has contained a number of special features of interest to the profession, notably the medico-legal department for which the editor here thanks the legal staff under the auspices of the medico-legal committee. During the first half of the year, considerable space was accorded the state Women's Auxiliary. It is of advantage to the Auxiliary and to THE JOURNAL that such relations should continue. THE JOURNAL wields the same influence in the way of integrating the various county branches of the State Auxiliary as it has in the promotion of unity among the constituent county medical societies of the state.

THE JOURNAL is the mouthpiece of organized medicine in the state. Realizing this, in the discussion of various phases of social and economic medicine, particularly, I have welcomed the opportunity of discussing such subjects with members of the publicity committee. My relations with the publications committee and the secretary and executive secretary as well as the council have been most cordial.

All of which is respectfully submitted,

J. H. DEMPSTER, M.D.

The report was referred to the Publications Committee.

4. *Reports of The Councilors.*—The Chair called upon each Councilor for the report on the condition of the profession in his district. The following councilors reported: Drs. Holmes, Manthei, Bandy, Van Leuven, Haughey, Brunk, Moore, Andrews, Barstow, Baker, Greene and Dr. Urmston. These reports, together with recommendations offered during the discussion of the several reports, were referred to the county societies' committee.

5. *Secretary's Annual Report.*—The annual report of the Secretary was presented by Dr. L. Fernald Foster:

SECRETARY'S ANNUAL REPORT—1936

I herewith submit the Secretary's report for 1936. While having assumed the duties of this office for but two and one-half months of the year just ended, the knowledge of the Society's activities gained through the chairmanship of the Public Relations Committee, has enabled me without too much difficulty to report on the year's work carried on so ably by my predecessor, Dr. C. T. Ekelund, and Executive Secretary Wm. J. Burns.

The year 1936 was productive of more constructive activity than has characterized probably any year in the Society's history. This activity was brought about by changes in our social order which have required that many new problems had to be faced and solved—problems requiring the thought and action of the best minds in the profession.

Membership

The total membership for 1936 was 3,725 with dues of $36,590.00 accruing to the Society. There were 141 unpaid dues for the year. The number of unpaid dues in 1935 was 138. The membership tabulation for the years 1935 and 1936 showing net gains and losses, unpaid dues and deaths is as follows:

MEMBERSHIP RECORD

County	1935	1936	Loss	Gain	Unpaid	Deaths
Allegan ..... 18 (Transferred from Kalamazoo, 14; from Ottawa, 4)						
Alpena-Alcona-Presque Isle	15	13	2	..	..	1
Barry	17	15	2	..	1	..
Bay-Arenac-Iosco-Gladwin	65	69	..	4	..	1
Berrien	55	51	4	..	6	..
Branch	17	22	..	5	3	..
Calhoun	110	118	..	8	..	1
Cass	11	12	..	1	1	..
Chippewa-Mackinac	17	20	..	3	..	..
Clinton	13	11	2	..	1	..
Delta	22	18	4	..	1	..
Dickinson-Iron	19	21	..	2	1	..
Eaton	25	27	..	2	..	..
Genesee	155	153	2	..	9	3
Gogebic	25	27	..	2	..	..
Grand Traverse-Leelanau-Benzie	27	31	..	4	..	1
Gratiot-Isabella-Clare ..	32	33	..	1	1	2
Hillsdale	26	27	..	1	..	..
Houghton-Baraga-Keweenaw	35	34	1	..	1	..
Huron-Sanilac	29	25	4	..	4	..
Ingham	124	128	..	4	..	1
Ionia-Montcalm	35	33	2	..	3	..
Jackson	82	86	..	4	1	..
Kalamazoo-Van Buren..	131	134	..	3	1	1
Kent	216	220	..	4	10	1
Lapeer	14	13	1	..	1	..
Lenawee	35	41	..	6	..	1
Livingston	16	17	..	1	..	..
Luce	9	12	..	3	..	..
Macomb	37	34	3	..	..	..
Manistee	15	14	1	..	..	1
Marquette-Alger	33	35	..	2	..	2
Mason	9	7	2	..	3	..
Mecosta-Osceola	18	19	..	1	..	1
Menominee	10	12	..	2	..	..
Midland	11	12	..	1	..	..
Monroe	34	36	..	2	2	..
Muskegon	69	70	..	1	..	1
Newaygo	12	10	2	..	..	..
No. Michigan: Antrim, Charlevoix, Emmet, Cheboygan...	31	28	3	..	..	..
Oakland	101	114	..	13	2	..
Oceana	11	10	1	..	..	..
O. M. C. O. R. O.: Otsego, Montmorency, Crawford, Oscoda, Roscommon, Ogemaw	13	13	..	..	..	..
Ontonagon	5	5	..	..	..	..
Ottawa	35	37	..	2	..	..
Saginaw	91	90	1	..	..	2
Schoolcraft	5	6	..	1	..	..
Shiawassee	29	29	..	..	..	..
St. Clair.....	40	42	..	2	..	..
St. Joseph	15	12	3	..	1	..
Tuscola	30	31	..	1	..	1
Washtenaw	152	159	..	7	5	3
Wayne	1449	1471	..	22	80	12
Wexford: Kalkaska, Missaukee.	18	18	..	..	3	..
	3650	3725	40	115	141	35
		3650		40		
Gain for 1936.....		75		75		

With nearly 5,500 physicians in the state an active membership drive is being planned to increase the number of members in the State Society. This drive must be executed by the local county societies and its individual members.

Deaths During 1936

During 1936 we regretfully record the deaths of the following members:

Alpena County—*Dr. Duncan A. Cameron, Alpena.

Barry County—Dr. Donald McGee, Delton.

Bay County—Dr. F. S. Baird, Bay City.

Berrien County—Dr. Burton D. Giddings, Niles.

Branch County—Dr. W. W. Williams, Coldwater.

Calhoun County—Dr. Edwin M. Chauncey, Albion.

Delta County—Dr. J. O. Groos, Escanaba.

Genesee County—Dr. Jefferson Gould, Fenton; Dr. H. D. Knapp, Flint; Dr. C. F. Moll, Flint; Dr. E. Rumer, Flint.

Gratiot-Isabella-Clare Counties—Dr. Wm. G. Young, Shepherd; Dr. Lois W. Torres, Mt. Pleasant.

Grand Traverse-Leelanau-Benzie Counties—Dr. Alfred C. Wilhelm, Traverse City.

Hillsdale County—Dr. S. B. Frankhauser, Hillsdale.

Huron-Sanilac County—Dr. Dugald D. Munro, Kinde.

Ingham County—Dr. George F. Bauch, Lansing.

Jackson County—*Dr. F. W. Rogers, Jackson.

Kalamazoo-Van Buren Counties—Dr. C. A. Bartholomew, Martin; Dr. John D. Stewart, Hartford; Dr. Herbert J. Wing, Hartford.

Kent County—Dr. Glenn A. Easton and Dr. Alden H. Williams, Grand Rapids.

Livingston County—Dr. J. E. Cunningham, Fowlerville.

Lenawee County—Dr. Chas. A. Blair, Morenci; Dr. J. W. Nixon, Holloway.

Manistee County—Dr. Lewis S. Ramsdell, Manistee.

Marquette-Alger Counties—*Dr. Frederick M. Harkin and Dr. Wm. B. Lunn, Marquette; Dr. Theodore W. Scholtes, Munising.

Mecosta County—Dr. Omar J. East, Reed City.

Monroe County—Dr. H. E. Kelly, Ida; Dr. Hal M. Parker, Monroe.

Muskegon County—Dr. F. W. Garber, Sr., Muskegon.

Newaygo County—Dr. S. J. Richardson, White Cloud.

Oakland County—Dr. Peter Stewart, Royal Oak.

Saginaw County—Dr. Elmore E. Curtis, Dr. N. J. Pike, Dr. S. A. Sumby and Dr. Roy S. Watson, Saginaw.

St. Joseph County—Dr. Fred W. Robinson, Sturgis.

Shiawassee County—Dr. Herbert E. Bailey, Corunna.

Tuscola County—Dr. James MacKenzie, Reese.

Washtenaw County—Dr. A. M. Barrett, Dr. B. H. Honeywell, Dr. Ira D. Loree and Dr. Louis Rominger, Ann Arbor; Dr. Henry W. Schmidt, Chelsea.

Wayne County—Dr. James H. Bogan, Dr. James E. Clark, Dr. Chas. G. Jennings, Dr. Homer L. Kedney, Dr. Walter E. King, Dr. Murdock M. Kerr, Dr. E. P. Mills, Dr. Thomas F. Mullen, Dr. Earl A. Peterman, Dr. J. W. Powell, Dr. Wm. H. Rieman, Dr. Tobias Sigel, and Dr. F. E. Zumstein, Detroit; Dr. John H. Kimble, Plymouth; Dr. Frederick P. Sprague, Wyandotte; Dr. R. J. Tyrna, Belleville; Dr. W. E. Woodbury, New York City.

Wexford County—*Dr. John K. Doudna, New York City; Dr. B. W. Babcock, Fife Lake.

Financial Status

The fiscal year closed on December 26, 1936, and the statement of our certified public accountants, Ernst & Ernst (published in THE JOURNAL, February, 1937, pages 113, 114, 115, 116), depicts the financial status of the Society as of that date. Several points of interest are disclosed by this report, which deserve especial attention:

1. The auditors find justifiable an increase in the net worth of the Society of $4,171.81 which is

*Honorary member.

largely accounted for by an increase in the quoted market value of the invested funds.

2. THE JOURNAL: Advertising sales in 1936 increased $1,997.24 over 1935 (which in turn had been $1,014.31 greater than 1934). The increase during the past year was due in a great measure to concerted efforts which were made to secure more advertising. Based upon the customary allocation of $1.50 from each member's dues, THE JOURNAL showed a profit in 1936 of $1,250.97 as against $1,112.37 in 1935. The cost of printing THE JOURNAL in 1936 was $9,593.73 as against $8,525.79 in 1935.

3. The Medico-Legal Defense Fund disbursements in 1936 exceeded receipts in the amount of $1,047.90. During the year only fifty cents of each member's annual dues were credited to this fund. During 1935, $1.50 of each member's annual dues was credited. However, a reduction of $1,619.50 in the reserve to reduce securities of this fund to quoted market values resulted in a net increase of $571.60 in the Reserve for Medico-Legal Defense Fund. The total accumulated Reserve for Medico-Legal Defense is $15,984.84.

The year ended in the black in spite of the increased activity of the officers and committees of the State Society.

Committee Reorganization

The mounting costs of administration would indicate that a consolidation of committees be considered, in order to decrease costs.

Encouragement should be had, however, for the mounting costs of Committee activities. The tremendous amount of work done by the many committees of the Michigan State Medical Society is indicative of much individual interest in the problems of organized medicine. Will a curtailment of such committee costs be a deterrent to the interest and zeal of a large number of committeemen —a condition for which we have striven for some time?

The 1936 Annual Meeting

The 1936 Annual Meeting held in Detroit was a banner meeting. Over 1,700 persons attended this meeting which provided one of the finest scientific programs ever presented by the State Society, and a most satisfactory technical exhibit. The resources of the session provided for its total expense and a substantial cash balance. Too much credit for the success of this meeting cannot be given former Secretary Ekelund and Executive Secretary Burns. This session was productive of many ideas and experiences that will enhance success of future Annual Meetings.

The County Secretaries' Conference

The second County Secretaries' conference of 1936 was held in conjunction with the Annual Meeting in Detroit. Sixty-five physicians attended the conference whose program provided eight short, inspiring addresses. The interchange of ideas at the conference and contacts of the County Secretaries with the State Society's officers provides the greatest inspiration for the development of more active component units.

The 1937 Conference will be held in Lansing, Sunday, February 7. A subsequent report will detail this program.

Committees

Neither time nor space permits your Secretary to detail the activities of the committees of the Michigan State Medical Society. Not one committee has been unmindful of its obligations. Never before has there been involved so many constructive programs, never before have so many vital problems been studied and solved with more sound judgment. While our organization has more committees than most similar organizations, still each committee seems to find itself faced with many important duties to discharge. We are establishing leadership in every field of organized medical endeavor.

The establishment this year of a Standing Ethics Committee should do much to solve an occasional disturbing problem of particularly the small county societies. It is hoped that this committee may not frequently be called upon.

Reference should be made to the Special Committee on Study of Fee Schedules A, B, C, D. The Committee, holding over from last year, has recently joined with the Michigan Hospital Association and the Michigan Association of Roentgenologists to attempt to solve the problems of fees and rates for medical and hospital service to State patients, which holds a mutual interest to these groups.

Brochure on Socialization of Medicine

The enthusiasm with which this brochure received national recognition is worthy of note. The publication required two printings in as many months. It has been reprinted in toto by various journals and publications. Its excerpts have been widely quoted. To date over 9,500 copies have been distributed.

The Development of "State Society Nights"

During the past year various county societies have held meetings at which the state officers, councilors and committeemen have appeared in the interest of organized medicine and the Michigan State Medical Society. This was a development of the recommendation to the House of Delegates that more contact be made with the county societies by the State officers. These meetings have served to keep the individual physician better informed on activities and policies of the State Society. They have been most productive of interest and have been a big factor in keeping alive active societies and in arousing the less active components.

The Journal

A more active attempt to increase THE JOURNAL advertising with a view to making the publication more self-sustaining has been begun. This objective should be reached with the coöperation of the county societies and their individual members.

Recommendations:

Your secretary concludes his report with the following recommendations, that:

1. A concerted membership drive be instituted in every county society in the state during the month of February, 1937.
2. THE JOURNAL advertising be increased to make that publication self-sustaining. This can be accomplished through the active assistance of the membership in contacting prospective advertisers.
3. The study of Councilor districts and county society jurisdictions be made.
4. Consideration be given to a new plan of committee organization. But that care be taken that no jeopardy may be had to the growing enthusiasms and interest of the many committeemen now actively engaged in the work of the Michigan State Medical Society.
5. The "missionary" work being done by the institution of "State Society Nights" and the visiting of county societies by the Secretaries and Councilors be continued and expanded.

6. Greater publicity be given activities of the Michigan State Medical Society and the County Societies through the Press and personal appearances of physicians before lay groups.

Your secretary wishes to express to the Council his sincere appreciation of its coöperation and encouragement during the few months of his service. He desires to commend the splendid spirit of interest which every committee has manifested. To Mr. Burns, executive secretary, and his office force, too much appreciation cannot be expressed. The untiring enthusiasm, the constructive suggestions and the forceful execution by Mr. Burns have been a decided inspiration in the work of the secretary.

Respectfully submitted,

L. FERNALD FOSTER, M.D.
Secretary.

January 20, 1937.

The report was referred to the County Societies' Committee.

6. *Treasurer's Annual Report.*—The annual report of Treasurer Wm. A. Hyland was read:

TREASURER'S ANNUAL REPORT—1936

As Treasurer of the Michigan State Medical Society, I wish to submit the following report for the year 1936:

As required by the by-laws of the Society, the usual indemnity bond was filed with the State Secretary.

At a meeting of the Council, held on January 15, 1936, I was authorized to change the bonds of the Herald Square Realty Corporation (6 per cent), pursuant to the Plan of Reorganization, to new bonds at 3 per cent.

The Executive Committee also authorized me to execute for the Michigan State Medical Society the "Acceptance of the Amended Plan of Reorganization" of the Public Gas and Coke Co. as recommended.

On May 1, 1936, the $3,000 Pennsylvania Railroad Company 40-year 5 per cent Secured Bonds, due November 1, 1964, were called for payment. In this connection, the Executive Committee of the Council at its meeting held on February 26, 1936, approved my recommendation and authorized me to make collection on these bonds. At the same meeting, my recommendation that the $4,000 Certificate of Deposit on deposit in the Lansing National Bank which fell due on January 27, 1936, be reinvested, together with the money collected from the Pennsylvania Railroad Company bonds, in more securities for income purposes, with not more than $2,000 invested in any one issue, was approved by the Council, placing $5,000 worth of these bonds in the Medico-Legal Defense Fund, to equalize the bookkeeping account. As a result, the following purchases were made:

General Fund:
$2,000 Central Illinois Public Service Co.
Medico-Legal Defense Fund:
$2,000 Canadian Pacific Railway Co.
$2,000 Southern Pacific Co.
$1,000 Dominion of Canada (Government of)

At a meeting of the Executive Committee held on April 22, 1936, the Council instructed that the bond of the Treasurer be increased from $25,000 to $35,000. This has been executed.

The $2,000 American Telephone and Telegraph Company bonds, 5s, due 1960, were called for payment on January 1, 1937, and as per authority set forth at the meeting of the Executive Committee on November 11, 1936, I obtained $2,000 American Telephone and Telegraph Company 3¼ per cent bonds, due December 1, 1966, and now hold Temporary Debentures without coupons, exchangeable for a like principal amount of engraved debentures when ready for delivery. The $2,000 American Telephone and Telegraph Company bonds called for payment on February 1, 1937, are to be reinvested at that time.

The following securities are now in my holding:

General Fund—Bonds:		
American Telephone and Telegraph Co.	3¼%	$2,000
Associated Gas and Electric Corp.	4 %	2,000
Central Illinois Public Service Co.	4½%	2,000
Community Power and Light Co.	5 %	2,000
G. R. Affiliated Corp.	5 %	6,000
Herald Square Bldg. Co., income		2,000
Lower Broadway Properties, Inc.	6 %	2,000
National Electric Power Co.	5 %	5,000
New England Gas and Electric Co.	5 %	1,000
Peoples Light and Power Corp.	5½%	1,000
United Light and Power Co.	5½%	2,000
American Telephone and Telegraph Co.	5 %	2,000
Canadian Pacific Railways	4 %	2,000
Government of Dominion of Canada	2½%	1,000
G. R. Affiliated Corp.	5 %	1,000
International Telephone and Telegraph Co.	5 %	2,000
New England Gas and Electric Co.	5 %	1,000
New York Central Railroad Co.	4 %	2,000
Peoples Light and Power Corp.	5½%	1,000
Public Gas and Coke Co. (Receipt for bonds)	5 %	3,000
Southern Pacific Co.	4½%	2,000
Stocks:		
National Gas and Electric Corp.—Common 96 shares		960

The worth of our securities at cost	$45,253.75
They shrunk at the height of the depression to a total worth of (Estimation of Dec. 23, 1933)	18,310.00
At present, under date of Jan. 10, 1937, the worth through appreciation has increased to a total of (Almost doubling in slightly over three years)	34,193.00
Our approximate Market Value on January 10, 1936	29,670.50
Our approximate Market Value on January 10, 1937	34,193.00
Showing an appreciation in the past year of	4,522.50

There has been calling and refunding of certain bonds, also some reinvestments, as before mentioned. There is a possibility of one or two issues being refunded in the future.

After careful analysis and considerable advice from well-informed circles, I feel that for the present we should not disturb any of the issues in our possession. However, when the time occurs for any change, I shall keep the Executive Committee informed as also the Finance Committee and carry on the same principle we have employed during the past.

At this time I wish to voice the appreciation we owe to the original purchasers of our securities and also to inform you that I have endeavored to carry out the same financial plans that they had in mind, and have constantly made every effort to carry on their judgment.

I wish to thank very much the Executive Committee of the Council for its coöperation and endorsement of my suggestions and am very enthusiastic regarding the further-up-trend of our holdings.

Again, I thank you.

Respectfully submitted,

WILLIAM A. HYLAND, M.D.
Treasurer.

The report was referred to the Finance Committee.

7. *Annual Report of the Publications Committee.*—This report was presented by Dr. A. S. Brunk, Chairman:

REPORT OF PUBLICATIONS COMMITTEE—1936

It is again my pleasure in behalf of the Publications Committee of THE JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY, to make the chairman's annual report.

The size of THE JOURNAL has increased during 1936 as compared with the volume of 1935. There were 836 pages of reading matter or sixty-nine and two-thirds pages per issue. The editorial policy of THE JOURNAL has been well maintained, and we believe it reflects very creditably the opinions of the profession as a whole, on the various subjects handled editorially. There has been nothing published that would compromise any position the House of Delegates or the Council or the Executive Committee have taken, or may take, on any of the medical, social, or economic problems which have engaged the attention of the Society. The excellence of the quality of the contributed papers has been fully maintained and THE JOURNAL has received its share of abstracts in *The Journal of the American Medical Association.*

THE JOURNAL, as is well known, is maintained by the sum of one dollar and a half which has been appropriated from the annual dues of each member, together with the revenue derived from the advertising pages. THE JOURNAL is owned by the entire membership of the Michigan State Medical Society. This is mentioned to impress upon the Society the necessity of patronizing advertisers whose products are selected on the basis of their quality, and the willingness of the advertiser to conform with the ethical standards of the profession. It would be possible to increase the amount of advertising very materially by relaxing the censorship on the quality of advertisements. This, however, your management will not sanction. Your committee feels that THE JOURNAL should reflect the high ideals of the profession in every way.

In addition to the contributed papers and editorials, the section on county activities continues with very complete reports of transactions of all meetings of the year. The report of the annual meeting of the House of Delegates has been presented verbatim and completely indexed for convenient reference. The February number of THE JOURNAL each year contains a financial statement as well as a complete report of the annual meeting of the Council. Due prominence has been given to the reports of the county correspondents and an endeavor has been made to have a general news section that will include as many items as possible of general interest to the entire profession of the state.

Your committee earnestly urges upon the members a thorough perusal of each number of THE JOURNAL as it appears. An endeavor has been made to include every item of interest of a medical nature, whether it be a contribution in the way of an original paper or a news item of general interest.

All of which is respectfully submitted,

J. E. MCINTYRE, M.D.
HOWARD H. CUMMINGS, M.D.
VERNON MOORE, M.D.
A. S. BRUNK, M.D.

The report was referred to the Publications Committee.

8. *Postgraduate Education.*—The Executive Secretary reported that Dr. H. H. Cummings had telephoned him relative to the work of the Advisory Committee on Postgraduate Education in that the registration had increased in 1936, that costs had mounted, and the Advisory Committee may ask the Budget Committee for an appropriation of $1,500 for 1937. The whole matter of the work of the Advisory Committee on Postgraduate Education was discussed by The Council, which laid the subject on the table until Dr. J. M. Robb could give more information on same.

9. *Plans for 1937 Annual Meeting.*—Secretary Foster reported on the progress of the Committee on Scientific Work relative to the program and also the scientific and technical exhibits. The labyrinth idea for the exhibit was discussed and adopted by The Council on motion of Drs. Bandy-McIntyre. Carried unanimously. The Council formally resolved to hold the 1937 meeting in the Civic Auditorium, Grand Rapids, on September 27, 28, 29, 30, 1937, on motion of Drs. Andrews-Haughey and carried unanimously. Dr. Reeder, Speaker of the House of Delegates, suggested that the First Session of the House of Delegates should be held on Monday at 9:00 a. m.; the Second Session of the House, Monday afternoon at 3:00 p. m.; the Third Session of the House, Monday night at 8:00 p. m. The Secretaries were instructed to appoint any local committees necessary to take care of local arrangements.

Dr. Urmston suggested that the annual report of The Council be developed in advance of the Annual Meeting, insofar as possible, and published with all other reports in the Delegates' Handbook. This was approved by The Council on motion of Drs. Baker-McIntyre, and carried unanimously.

10. *The Council recessed* at 5:40 p. m. for dinner.

Second Session of The Council

11. *Roll Call.*—The Second Session of The Council was called to order by Chairman Urmston on January 20 at 8:00 p. m. All who were present at the First Session were also present at the Second Session. Also present were: Drs. R. H. Pino, E. R. Witwer, F. B. Burke, L. O. Geib, Don M. Morrill, L. W. Shaffer, Wm. J. Stapleton, Jr., and T. K. Gruber.

12. *Minutes* of the First Session of the Mid-winter Meeting of The Council were read and approved.

13. *Annual Report of Medico-Legal Committee.*—Dr. Wm. J. Stapleton, Jr., presented the annual report of the Medico-Legal Committee:

REPORT OF THE MEDICO-LEGAL COMMITTEE—1936

The secretary of the Medico-Legal Committee hereby submits the annual report for the year 1936. First, we wish to express our thanks to the members of the Committee for their coöperation. Secondly, to the chairman of this committee, Dr. Angus McLean, a special word of thanks for his constant help and wise counsel. We have had many consultations with doctors seeking advice and help. Doctor McLean has been in court several times as an expert where his lifelong experience in surgery has been most valuable. So much of the work is of a confidential nature that it is thought best not to publish it. Many thanks are due Messrs. Herbert Barbour and Clayton Purdy, our attorneys, for their important work in defending our members. Not only do they act as our lawyers but hours have been spent by them in obtaining information and giving legal opinions on matters requested by mem-

bers of our Society. Beside this, Mr. Barbour and Mr. Purdy have contributed articles on medico-legal problems to our State JOURNAL. Mr. Barbour has also addressed several of our county societies on matters along this line. Mr. Barbour's report of the work of his office will be included as part of this report. The thanks of the Committee are also due to Dr. James H. Dempster, editor of our fine JOURNAL, for his fine coöperation. A word of thanks must go to Mr. Wm. J. Burns and Dr. L. Fernald Foster for their coöperation with the secretary. Appreciation also goes to Dr. W. C. Woodward of the Medico-Legal Department of the American Medical Association for his help in special matters pertaining to the work of the committee. This report is divided into the following divisions:

1. List of suits and threats against members for the year 1936. Fifty cases are listed.

2. List of questions asked regarding various phases of medico-legal nature asked by doctors. This list does not include all the questions. There are naturally duplications. Many questions simply required an answer on the phone and no notation was made. It is interesting to see the variety of questions asked.

3. A list of special questions asked which I have called "Studies." They required work by our attorneys and your secretary in looking up cases, consulting the literature and going to the American Medical Association for help from their medico-legal bureau. A glance at this group will be of interest. We felt it best not to publish anything at this time re "dinotrophenol" and "thallium acetate" as there are several cases in the offing. It is felt that serious consequences may result if these cases come to trial.

4. An article on "Malpractice" compiled by your secretary from various sources. We feel strongly that our members should know their rights and liabilities as physicians. We again urge the study of books dealing with the subject. Ignorance of the law is no excuse.

5. Mr. Barbour's report, which explains itself. In passing it is only proper to say that Mr. Barbour and his office have been most generous of their time and knowledge to this committee.

Respectfully submitted,
WILLIAM J. STAPLETON, JR., M.D.,
Secretary.

The report was referred to the County Societies' Committee.

14. *Recommendations from Legislative Committee.*—These were presented by Dr. Burke and discussed by Dr. Cook and others. The various recommendations were referred to the Finance Committee.

The proposed Legislative brochure was approved for Michigan, on motion of Drs. Andrews-Greene, and carried unanimously. The financing of said brochure was referred to the Finance Committee.

15. *Recommendation from Committee Studying Schedules A, B, C, D.*—Dr. Witwer gave a report on the activities of the Michigan State Medical Society-Michigan Hospital Association-Michigan Association of Roentgenologists regarding fee schedules A, B, C and D. Dr. Morrill, President of the Michigan Hospital Association, spoke for a harmonious point of view and stated that with a united front and mutual coöperation of all groups, much could be accomplished for the individual practitioner of medicine. Dr. Burke spoke of Mr. Marsman's plan relative to the elimination of red tape in the Auditor General's office, so that physicians and hospitals would be paid for medical services given afflicted and crippled children much more promptly. The Council approved Dr. Perry's appointment of Dr. H. S. Collisi of Grand Rapids and Dr. Frank H. Purcell of Detroit to the joint Michigan State Medical Society-Michigan Hospital Association-Michigan Association of Roentgenologists Committee, on motion of Dr. McIntyre, seconded by several and carried.

Group Hospitalization.—Dr. Cook spoke on this subject, mentioning that a subcommittee of the Legislative Committee had been appointed (Drs. Cook, Burke and Hyland) to study this matter and take it up with the Michigan Hospital Association. The President of the Michigan Hospital Association stated that he will accept the American Medical Association recommendations, give them study, and that no conflicts will arise. When the bill is rewritten by the Michigan Hospital Association, Dr. Morrill will get in touch with Dr. Cook's committee.

16. *Recommendations of Committee on Syphilis Control Program.*—Dr. Shaffer reported on the work of this committee:

REPORT OF ADVISORY COMMITTEE ON SYPHILIS CONTROL PROGRAM

(Subcommittee of the Preventive Medicine Committee)

This committee was appointed early in December, 1936, to act in the above capacity at the request of Surgeon General Parran of the United States Public Health Service, asking that each State Medical Society be so organized in relation to a national program aimed at the control of venereal diseases.

The duties of the committee as outlined are: "(a) Review the available information on the syphilis problem in the state; (b) coöperate in assembling necessary additional information concerning the nature and extent of the facilities which now exist for the diagnosis, treatment, and public health control of syphilis; (c) recommend such supplemental and new state and local facilities and measures as seem desirable in dealing with this infection which is nation-wide in its importance and distribution."

The following committee was appointed at the request of Dr. H. E. Perry, president of the Michigan State Medical Society, through Dr. L. O. Geib, chairman of the Preventive Medicine Committee of the Michigan State Medical Society: Dr. L. W. Shaffer, Detroit, chairman; Dr. R. S. Dixon, Detroit; Dr. C. P. Drury, Marquette; Dr. C. R. Hills, Battle Creek; Dr. John Lavan, Grand Rapids, and Dr. Udo J. Wile, Ann Arbor.

Advisers.—Dr. A. P. Biddle, Detroit; Dr. L. O. Geib, Detroit; Dr. C. C. Slemons, Lansing, and Dr. H. F. Vaughan, Detroit.

This committee met in Ann Arbor, Sunday, December 20, 1936 (see minutes of meeting, JOURNAL, M.S.M.S., February, 1937, page 118-119). It is now developing a "Venereal Disease Control Program for Michigan" which it hopes to complete in time for presentation to the Executive Committee of The Council at its February meeting.

Respectfully submitted,
LOREN W. SHAFFER, M.D.

The report was referred to the County Societies' Committee.

MEDICAL WELFARE AND RELIEF

17. *Recommendations from Economics Committee re Relief Medicine Legislation.*—Dr. Pino, chairman of the Economics Committee, reported on:

(a) Relief Medicine legislation, stating that the seventeen points designed by the medical profession had been reduced to five, as follows:

The following are the five points recommended by the Committee on Medical Economics of the Michigan State Medical Society:

1. The conservation and maintenance of the health of the indigent is a necessary function of our government.

2. Medical Care shall include: Home, Office, Hospital Care, Bedside Nursing Care, Dental Care, Pharmaceutical Service, and Undertaking or Burial Service for those families that are receiving relief and those families whose income is on a mere subsistence level.

3. The State Welfare Administration, responsible for the administration of Welfare funds to local relief organizations, shall establish a Division or Department charged with the responsibility of supervising all medical activities herein mentioned, and supervised by a registered and licensed Doctor of Medicine.

4. Each county or district shall have an advisory committee, composed of members of the various professional groups to advise on all disputes, determination of policies, procedures, etc.

5. Hospitalization of the afflicted adult and afflicted child shall be administered through the local welfare unit in each county or district in the same manner as any other form of relief. Uniformity, record forms, and auditing of bills shall prevail throughout the state.

(b) The study of convalescent care, a phase of the hospital problem.

(c) The necessity for recommending a "middle course" to take the place of health insurance.

The report was referred to the County Societies' Committee.

OTHER ACTIVITIES

18. *Director of Medical Relations.*—Dr. Foster reported for Dr. Geib on the probable appointment of a director of medical relations to act as coordinator of preventive medical procedures. This was referred to the Preventive Medicine Committee.

19. *Report on Survey of Maternal Health Committee.*—Was presented by Secretary Foster, received and ordered placed on file.

20. *Reports of Other Committees.*—(a) The report of Dr. R. G. Tuck, Chairman of the Liaison Committee with Dentists, Nurses and Pharmacists was referred to the Committee on Medical Economics for study and report back to the Executive Committee. (b) The report of the Liaison Committee with Bar Association was discussed; the matter of arranging joint meetings between the physicians and lawyers was left to the discretion of the Liaison Committee. (c) The reports of other committees were received and ordered placed on file.

21. *Student Health Service.*—Secretary Foster gave a report on this matter, which was discussed by Drs. Burke and Gruber. Motion of Drs. Greene-McIntyre that this question be referred to the Michigan delegates to the A.M.A. to bring up at the 1937 meeting of the A.M.A., and that a letter be written to the Council on Education of the A.M.A. at this time. Carried unanimously.

22. *Meeting with Michigan Conference of Social Work.*—The Executive Secretary was instructed to arrange a meeting in the near future, on a Wednesday, if at all possible.

23. *Transfer of Hillsdale County.*—Dr. McIntyre gave a report of the actions of the House of Delegates in 1935 and in 1936 which was discussed. Motion of Dr. Reeder, seconded by several that the Hillsdale County Medical Society be transferred back to the Second District, as per authority given in Article 5, Section 1. Motion carried unanimously.

24. *Joint Committee on Health Education.*—The proposed change of the name of the Joint Committee on Public Health Education to "Joint Committee on Health Education," as recommended by President Ruthven of the U. of M., was approved on motion of Dr. Andrews, seconded by several and carried unanimously.

25. *An Investigator to Aid the State Board of Registration in Medicine.*—This matter was discussed by Dr. McIntyre; a motion was made by Drs. Carstens-Andrews that Secretary Foster be directed to contact Commissioner of Health Slemons regarding the necessity of this action, and if possible to finance same out of Social Security funds. Motion carried unanimously.

The necessity for further refresher courses, payable out of Social Security funds as administered by the Commissioner of Health, and by the Crippled Children Commission, was referred to Secretary Foster. It was recommended that the refresher courses be continued, with a larger scope and more territory covered and more money to finance same.

26. *Membership of a Physician Residing in One County and Practicing in Another.*—A letter from Oakland County was presented and discussed by Drs. Baker, Gruber and others. The Council felt that Chapter 9, Section 6 of the By-Laws covered this point, and instructed that Oakland County be advised directly, and that the information be published in the Secretary's Letter and in THE JOURNAL.

27. *Telephone Refund.*—This matter was explained in detail by Secretary Foster, which report was accepted and placed on file.

28. The Council recessed at 11:15 p. m. until 9 a. m. on January 21, 1937.

Third Session of the Council

29. *Roll Call.*—The meeting was called to order by Chairman Urmston on January 21 at 9:00 a. m. All Councilors and officers present at the First and Second Sessions were present at the Third Session; also present were Councilor T. F. Heavenrich, Treasurer Wm. A. Hyland, Drs. T. K. Gruber, Paul A. Klebba and Carey P. McCord.

30. *Minutes.*—The minutes of the Second Session were read and approved.

31. *Committee Studying Admission Policy at University of Michigan Hospital.*—This matter was referred to a committee, Drs. F. T. Andrews and I. W. Greene, to investigate and report to the Executive Committee. The complaint of Dr. M. P. Miller, Trenton, was referred to this committee.

32. *Reference Report of Publications Committee* (Drs. A. S. Brunk, H. H. Cummings, J. E. McIntyre, H. MacMullen and V. M. Moore).

REFERENCE REPORT OF PUBLICATIONS COMMITTEE

The report was presented verbally by Dr. A. S. Brunk, Chairman. The Committee recommended: (a) Approval of the Editor's Annual Report; (b) Recommendation that the problem of Dr. Hassal's advertisement in THE JOURNAL be left to the Secretary and Executive Secretary to settle. The Committee also presented the report of the Publications Committee. The Committee report and its two recommendations were approved and adopted, on motion of Dr. Carstens, seconded by several, and carried unanimously.

33. *Reference Report of Committee on County Societies.*—The Committee report was presented by Dr. I. W. Greene, Chairman, as follows:

REFERENCE REPORT OF COMMITTEE ON COUNTY SOCIETIES

Your Committee had six matters referred to it, and respectfully submits the following report on these items:

(a) *Report on Councilors' Reports.* These reports show that most Councilors have been active. There is a definite need for a drive for membership in certain counties. The figures presented show that about 20% of eligible physicians are non-members. There are a few small counties that are a problem to arouse. Consolidation or district meetings may be considered in studying their needs. Correspondence should be read but must not be too exhaustive. Business and occasional social meetings should be encouraged. Where "State Society Nights" are impractical, possibly meetings should be arranged with one or two State Society officers present, preferably the Councilor and the Secretary or Executive Secretary.

(b) *The Secretary's Annual Report.* This was studied by the Committee, paragraph by paragraph, and the Secretary's recommendations were noted. The Committee recommends that the Secretary's Annual Report be adopted, except the one paragraph which makes definite suggestions for a reorganization of State Society Committees: This matter of committee re-organization should be given further study, with recommendations to the House of Delegates. The Committee feels, with reference to necrologies of deceased members, that the county society secretary should be requested to notify the Editor of THE JOURNAL of the M.S.M.S. promptly concerning deaths in his district or county. The Committee also suggests better coördinated programs on "State Society Nights." The Committee suggests that the Executive Secretary write all M.S.M.S. Committee Chairmen asking that they exercise all possible economy in frequency and time of meetings, doing as much work as possible by mail and through the Executive Office.

(c) *The Report of the Committee on Medical Economics.* Your Committee suggests that this be referred to the Legislative Committee to inculcate the five points of the Economics Committee as part of the Welfare and Relief Commission's proposed bills, and not as a separate medical bill.

(d) *Report of Syphilis Control Committee.* Your Committee adopts this report, and recommends that a letter be sent by the M.S.M.S. to Surgeon General Parran to the effect that we agree with publicity in this program, but any publicity re treatment should be in the most general terms, and details of treatment are not to be inserted in newspapers; also that any education of physicians be given through refresher courses in coöperation with the State Medical Society. The Committee also believes that in any arrangement for treatment of patients, the physician-patient relationship should be preserved.

(e) *Report of the Medico-Legal Committee.* Your Committee recommends that we have a more complete report re the number of legal cases handled by the Medico-Legal Committee, how many days our attorneys were in court, how many cases were the joint responsibility of the State Society and commercial insurance companies, etc. Your Committee also recommends that the matter of transferring the work of the Secretary of the Medico-Legal Committee to the Executive Offices of the State Society in the capital city, in line with the policy of centralizing all State Society Activities in one headquarters' office be deferred to a later date.

(f) The recommendation of Councilor F. T. Andrews of Kalamazoo that the Kalamazoo Academy of Medicine be urged to arrange a State Society Night was approved, and the Executive Secretary should be authorized to write the Kalamazoo group to arrange such a meeting.

Respectfully submitted,
I. W. GREENE M.D., Chairman,
F. T. ANDREWS, M.D.
WILFRID HAUGHEY, M.D.
ROY H. HOLMES, M.D.
W. A. MANTHEI, M.D.

The committee report was approved, on motion of Drs. Greene-Holmes and carried unanimously.

34. *Reference Report of Finance Committee* (Drs. H. R. Carstens, F. A. Baker, F. C. Bandy, W. E. Barstow, B. H. VanLeuven).

REFERENCE REPORT OF FINANCE COMMITTEE

The Finance Committee reported through its chairman, Dr. Carstens, who discussed the Financial Report for 1936 in detail, and also presented recommendations for the budget for 1937:

SOCIETY BUDGET FOR 1937

Income:		
3,850 members at $10	$38,500.00	
Interest	1,000.00	
	$39,500.00	
Less allocation to Journal for subscriptions (3,850 at $1.50)	5,775.00	$33,725.00
Appropriations:		
Administrative and General:		
Secretary's Salary	$ 2,400.00	
Executive Secretary's Salary	6,000.00	
Other Office Salaries	3,300.00	
Office Rent and Light	720.00	
Printing, Stationery and Office Supplies	900.00	
Secretary's Letter	200.00	
Postage	900.00	
Insurance	175.00	
Audit	200.00	
New Equipment	250.00	
Telephone and Telegraph	300.00	$15,345.00
Society Expenses:		
Council Expenses	$ 1,800.00	
Delegates to the A.M.A.	400.00	
Secretaries' Conference	450.00	
General Society Traveling Expense	1,200.00	
Publications Expense	200.00	
Reporting Annual Meeting	200.00	
Other Society Expenses	400.00	
Contingent Fund	4,000.00	8,650.00
Committee Expenses:		
Legislative Committee	$ 3,500.00	
Economics Committee	300.00	
Cancer Committee	200.00	
Preventive Medicine Committee	150.00	
Radio Committee	25.00	
Postgraduate Education	1,200.00	
Maternal Health Committee	200.00	
Public Relations Committee	500.00	
Ethics Committee	100.00	
Syphilis Control Committee	100.00	
Medico-Legal Defense Committee (3,800 at 50c)	1,925.00	
Other Committees	500.00	
Committee Reserve	1,030.00	9,730.00
		$33,725.00

BUDGET OF THE JOURNAL, 1937

Income:	
Advertising, less commissions, etc.	$ 8,275.00
Subscriptions (3,850 at $1.50)	5,775.00
Reprint Profit	150.00
	$14,200.00
Expenses:	
Printing	$ 9,500.00
Editor's Salary	3,000.00
Editor's Secretarial Expense	600.00
Office Postage	250.00
Other Journal Expenses	850.00
	$14,200.00

Each item of the Society Budget and of THE JOURNAL Budget was discussed individually. After full consideration, motion was made by Drs. Carstens-Bandy that the report of the Finance Committee be adopted and approved. Carried uanimously.

The Secretary was instructed to contact the Joint Committee on Health Education with regard to the possibility of having other coöperating agencies contribute to its funds, as the State Society must pare its budget considerably in all other items during a legislative year.

The Council discussed the bonds of the M.S.M.S., and the Chair appointed a special committee to study the bond situation and to report to the Executive Committee on same. Committee: Drs. Hyland, Carstens, Moore.

The Secretary was further instructed to advise the various committees of the M.S.M.S. of the necessity of conserving funds during 1937 by having fewer meetings, with minor items decided by correspondence. The President-Elect was given the suggestion that he attend as many committee meetings as possible, to aid him with his committee appointments next year, and to ascertain which committees if any should be eliminated.

The Speaker of the House of Delegates, Dr. Reeder, recommended that the high cost of taking stenotype notes of the proceedings of the House of Delegates be cut if possible.

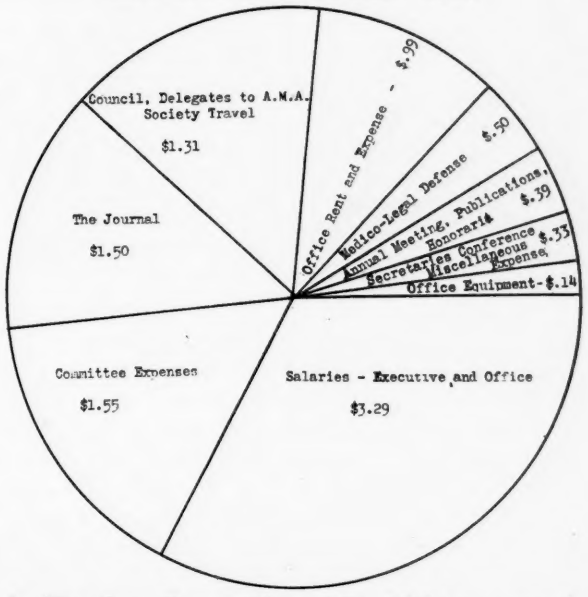
The Council, on motion of Drs. Carstens-McIntyre, appropriated $1,000 for the current expenses of the Legislative Committee, same to be added to monthly to provide liquid funds for this committee's work, and appointed the President and the Chairman of The Council as a disbursing and auditing committee. Carried unanimously.

35. *Bills Payable.*—Bills payable for the month were presented and ordered paid, on motion of Drs. Carstens-McIntyre and carried unanimously.

CONFERENCE ON OCCUPATIONAL DISEASES

36. *Conference on Occupational Diseases.*—Dr. Paul A. Klebba, Chairman of the Advisory Committee on Study of Occupational Diseases, was called upon for a report of his Committee's activities and to give the background of the proposed "Midwest Conference on Occupational Diseases." Dr. Carey P. McCord also presented the plans for this conference, proposed for May 3, 4, 5, 1937, as part of the program of the American Association of Industrial Physicians and Surgeons which meets in Detroit May 6, 7, 8, 1937. Full discussion ensued, during which the proposed occupational disease bill to be drafted by Attorney Fred B. Collier for Rep. Joseph F. Martin, Jr., was outlined by Dr. Klebba. Motion of Drs. Baker-Heavenrich that the Michigan State Medical Society collaborate intelligently in the matter of the Midwest Conference on Occupational Diseases, scheduled for May, 1937. Carried unanimously. Dr. McCord stated he would look to the M.S.M.S. for speakers, general guidance, etc. The appointment of Dr. Henry Cook to the Advisory Committee on Occupational Diseases was approved

MICHIGAN STATE MEDICAL SOCIETY
DISTRIBUTION OF DUES—1936



by The Council on motion of Dr. McIntyre, seconded by several and carried unanimously.

The Council recessed for luncheon from 12:20 p. m. to 1:25 p. m.

ELECTIONS

37. *Election of Secretary.*—Dr. L. Fernald Foster of Bay City was elected as Secretary of the Michigan State Medical Society on motion of Dr. Greene, supported by several and carried unanimously.

38. *Election of Treasurer.*—Dr. Wm. A. Hyland of Grand Rapids was elected Treasurer of the Michigan State Medical Society on motion of Drs. McIntyre-Barstow, carried unanimously.

39. *Election of Editor.*—Dr. James H. Dempster of Detroit was elected as Editor of THE JOURNAL of the State Society, on motion of Drs. McIntyre-Holmes. Carried unanimously.

40. *Appointment of Executive Secretary.*—Wm. J. Burns, LL.B., was appointed as Executive Secretary of the Michigan State Medical Society, on motion of Drs. McIntyre-Barstow, carried unanimously.

41. *Election of Medico-Legal Committee.*—Dr. Angus McLean of Detroit was elected Chairman of the Medico-Legal Committee, on motion of Dr. McIntyre, seconded by several, and carried unanimously. Dr. I. W. Greene of Owosso was elected a member of the Committee, on motion of Drs. Holmes-Carstens and carried unanimously. Dr. Wm. R. Torgerson of Grand Rapids was elected a member of the Committee, on motion of Drs. Holmes-Carstens and carried unanimously. Dr. Wm. J. Stapleton, Jr., of Detroit was elected a member of the Committee on motion of Drs. Reeder-Holmes, carried unanimously. Dr. Dean W. Hart of St. Johns was elected a member of the Committee, on motion of Drs. Holmes-Reeder, carried unanimously. (The Committee elects its own Secretary.)

The Council recommended that the Chairman of The Council and the Chairman of the Medico-Legal Committee meet in the near future to study The Council's recommendations re more reports, more meetings, the savings to be accomplished by transferring the Secretarial work of this committee to the Executive Offices of the Michigan State Medical Society, etc.

42. *Society Correspondence.*—The matter of cutting down the volume of correspondence emanating

from the Executive Offices and going to county society secretaries, members of The Council, and of committees, was discussed. It was recommended that all items be gathered during the course of the month and be sent in *one letter* to the County Society Secretaries. Certain members of The Council felt that meetings of this body should be held occasionally in Lansing.

43. *Adjournment.*—The Chair thanked all the Councilors for their hard work and serious deliberations of the affairs and problems of the Society. The meeting was adjourned, on motion of Drs. Andrews-McIntyre, at 2:00 p. m. on January 21, 1937.

Factors of Resistance in Experimental Poliomyelitis with Comments on Immunity in Poliomyelitis

For the last five years N. Paul Hudson, Columbus, Ohio; Edwin H. Lennette and Francis B. Gordon, Chicago (*Journal A.M.A.,* June 13, 1936), have carried on an experimental study of the factors concerned in resistance to and pathogenesis of poliomyelitis in Macaca mulatta (Macacus rhesus). A certain degree of resistance was demonstrated in the nasopharyngeal mucosa, although ample evidence was found that pointed to the upper respiratory tract as the portal of entry of the virus. The intestinal mucosa was an effective barrier to infection by virus administered in isolated intestinal loops. Splenectomy seemed to reduce the resistance in two of eleven monkeys and then only when the operation was done before virus injections. In other experiments, virus was found in the spleen in the first twenty-four hours after intravenous or intrasplenic injection. Its disposal in the spleen seemed to depend in part on the contained blood antibodies, since the virus was recovered from spleens of monkeys dying of poliomyelitis only when the organs were perfused. The site of antibody formation was not defined. Neutralizing antibodies were formed in monkeys "vaccinated" with certain preparations, but their presence was not an indication of effective protection of the animals to intranasal virus. Natural or artificially induced menstruation and physiologic maturation of monkeys did not lead to the formation of a demonstrable virucidal property of the blood. Sectioning of the olfactory tracts prevented infection not only after intranasal virus, but also after injections of virus intravenously. The selectivity of the virus for this pathway to the nervous system was further indicated by the recovery of virus from the nasopharynx of other monkeys infected by the blood stream. Sublethal doses were made fatally infective by damage to the cerebral cortex by starch injections, and to certain large peripheral nerve trunks by section. These experiments may be interpreted as meaning that the poliomyelitic infection is primarily and largely of the central nervous system. The virus of this disease enters the body by the olfactory tract, migrates intracellularly through the central nervous system to the loci of predilection in the cord, and sensitizes the nervous tissue in some way so that it is resistant to reexposure to the virus. The virus apparently escapes from the nervous tissues and irregularly invades the body, exciting the defense mechanisms of the body with the stimulation of antibody formation. The neutralizing antibody in the natural condition is thus an indication of specific sensitization by extraneural stimulation after nerve cell migration of the virus. Antibodies induced by the artificial conditions so far devised are not necesarily a measure of nerve tissue resistance. Measures of immunization may well be directed toward the neutral features of the disease.

COUNTY SOCIETIES

CALHOUN COUNTY

WILFRED HAUGHEY, M.D.
Secretary

The February meeting of the Calhoun County Medical Society was called to order by President Brainard at 8 P. M., Tuesday, February 2, 1937, at the Kellogg Hotel following dinner.

The minutes of the last meeting were approved as printed in the *Bulletin.*

The Secretary presented several communications: one from Dr. Clark of the Veterans Hospital regarding Medical Reserve Corps of the Army, a letter from the secretary of the Michigan State Medical Society relative to the Basic Science Law, new membership, malpractice suits, socialization of medicine, the JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY, Maternal Health work, the proposed rewriting of poor laws of the state, et cetera. Those appertaining to the work of the Academy were so referred.

The chairman of the Program Committee, Dr. Capron, after a few remarks about future programs, introduced Dr. Bernard Fantus, Professor of Therapeutics, University of Illinois, who spoke on "Treatment of Various Forms of Colitis." He classified the several forms of constipation: (1) Coprostasiophobia, (2) rectal stasis, (3) descending colon stasis, (4) proximal colon stasis, (5) colonic stasis spasm, and (6) allergy. He discussed each with the treatment, giving an exhaustive study. There were a number of questions by members and guests. The meeting adjourned at 10:30. Present at dinner, fifty-seven; at meeting, eighty three.

CLINTON COUNTY

T. Y. Ho, M.D.
Secretary

The members of the Clinton County Medical Society were shocked with the announcement at the meeting, on October 27, 1936, of the death of one of the most esteemed and promising young surgeons of this community, Dr. Alton B. Simonson of Elsie, Michigan. Death occurred on October 22, 1936, following an automobile accident, which took place just about a mile south of Elsie.

The routine business of election of officers for the coming year resulted as follows:

President—Dr. A. C. Henthorn, St. Johns, Michigan
Vice President—Dr. W. B. McWilliams, Maple Rapids, Michigan
Secretary-Treasurer—Dr. T. Y. Ho (Reëlected for the 15th term)
Delegate—Dr. D. W. Hart, St. Johns, Michigan
Alternate—Dr. F. D. Richards, DeWitt, Michigan.

Committees were appointed as follows:

Legislative—Dr. D. W. Hart, St. Johns.
Medical-Legal—Drs. Frace, Luton and Russell, all of St. Johns.
Membership—Dr. F. D. Richards, DeWitt, Dr. C. T. Foo, St. Johns.
Censorship—Dr. Luton, St. Johns; Dr. McWilliams, Maple Rapids.
Program—Dr. Henthorn and Dr. Ho, both of St. Johns.

The question of the type of meetings for the ensuing year was discussed. After a short discussion it was decided to have one big meeting, at which one or more outside speakers of prominence in some field of medicine will be invited as guest speakers. At this meeting it was decided to invite members of the adjacent county medical societies. At the other monthly meetings a member of this Society

will be assigned a topic of his own choice to be presented at each meeting. This scheme was adopted some few years ago and found quite interesting. Other members who are not assigned topics for presentation will be asked to discuss the assigned topic. Enough advance notice will be given each member, so that sufficient time will be available for every member to look up material for that particular topic to be discussed.

It will be the duty of our legislative committee chairman, Dr. D. W. Hart, to keep the Society thoroughly informed of the legislative activities of the Michigan State Medical Society so that individual members may act accordingly to the end that organized medicine in Michigan may dwell on a firm foundation.

Our medical legal committee shall handle all possible legal matters that may affect either the Society or members individually. Our membership committee will also endeavor to enlist all eligible members of the profession to be members of some county medical society. Then, finally, the censorship committee shall pass upon the qualifications of a prospective applicant for membership.

The question of drafting a new constitution and by-laws for our Society was discussed. The committee on drafting the constitution and by-laws used the Bay County Medical Society Constitution and By-laws as a model, few minor changes being made to harmonize with local requirements. The drafting as presented was approved unanimously. The secretary was then instructed to forward the Constitution and By-laws to our district councilor for final inspection and suggestion.

* * *

The December meeting of the Society was held at Clinton Memorial Hospital, St. Johns, on December 22, 1936, with Dr. McWilliams presiding in the absence of the president, Dr. A. C. Henthorn.

Minutes of the previous meeting were read and approved. A communication from Dr. A. W. Newett of the Michigan Department of Health requesting all physicians capable of follow-up treatment of patients with artificial pneumothorax and desirous of doing so to file their intentions with the Secretary.

This Society was honored with the presence of our new district councilor, Dr. I. W. Greene of Owosso, Michigan. The opportunity was taken at this time to discuss our proposed new constitution and by laws with the assistance and suggestions of our councilor. The constitution and by-laws were then accepted as presented in their final form, which was essentially patterned after the Bay County constitution and by-laws.

Dr. Greene extended an invitation to this Society to join with the Shiawassee County in a State Society night gathering as a starter in creating society enthusiasm. Dr. Greene's gracious invitation was accepted on motion of Dr. Luton, seconded by Dr. Foo.

The business portion of the meeting was adjourned to reconvene in the dining room, where a very appetizing and enjoyable luncheon was served by the hospital, after which the meeting was adjourned for the evening.

* * *

The January meeting of the Society was held at Clinton Memorial Hospital on January 26, 1937, with Dr. Henthorn, the president, presiding.

Minutes of the previous meeting were read and approved as read. Dr. Dean Hart of the legislative committee reported some rather encouraging facts. He contacted both Senator Fehling of St. Johns, and Representative Espie of Eaton County, and as far as could be ascertained, Representative Espie would go the limit for the medical profession.

Dr. S. R. Russell discussed briefly a rather interesting case of multiple malignant tumors with pathological fracture in the shaft of the femur. The question of differential diagnosis between multiple myeloma and bronchogenic carcinoma arose. This differentiation was, of course, difficult without a biopsy. This patient died, and unfortunately no autopsy was obtainable.

Dr. F. E. Luton was assigned to speak on a subject of his choice for our February meeting on February 25, 1937.

There being no further business, the meeting was adjourned.

EATON COUNTY

THOMAS WILENSKY, M.D.
Secretary

The Eaton County Medical Society convened at the Carnes Tavern, Charlotte, on the evening of January 28 for its regular monthly meeting. Immediately following dinner the speaker of the evening, Dr. Herbert I. Kallet, Detroit Colo-Proctologist, was introduced by Dr. T. Wilensky, who occupied the presidential chair in the absence of President Moyer who is enjoying the sun of the southland, and Vice-President Myers who is confined to his bed by illness and to whom we extend our heart-felt sympathies and wishes for a speedy recovery.

Dr. Kallet addressed the society on the subject "Diarrhea, With Special Attention to Chronic Ulcerative Colitis." His treatment of this difficult subject was all-inclusive, and the orderly sequence of his considerations was very helpful in assembling a clear cut tabulation of the etiologic factors, in the minds of his audience.

Coming to a more detailed consideration of chronic ulcerative colitis, Dr. Kallet presented an unbiased review of the investigations which have been carried out in an effort to isolate a specific etiologic agent in this most distressing and crippling disease. The speaker described at some length the very careful and brilliant work of Doctors Bargen, Rosenow and associates at the Mayo Clinic where excellent results have been obtained by the use of vaccines and sera developed from the diplostereptococcus isolated from the lesions in over 80 per cent of cases. Clinical and experimental work carried on in the eastern centers has seemed to implicate a preceding dysentery infection, mild or severe, which is followed, after seeming recovery by the typical lesions of ulcerative colitis.

Investigations carried on in the proctological clinics of Detroit by Dr. Kallet and associates have shown surprisingly enough, the presence of the Bargen bacillus and also a significant serologic titer for dysentery organisms in a great number of cases.

In harmony with these seemingly contradictory findings Dr. Kallet has postulated the very logical and entertaining theory to the effect that the dysentery infection prepares the soil, so to speak, for the depredations of the diplostreptococcic invader which is responsible for the typical lesions of ulcerative colitis.

In discussing treatment, Dr. Kallet advised that it is wise and productive of good results, to acquaint the patient with the nature of the malady, its essential chronicity, and he or she must be ever careful to guard against relapse. Actual treatment by means of diet, medication sera, vaccines and surgery was then fully covered. Lantern slides of the roentgenologic and endoscopic appearance of the

colon and rectum in chronic ulcerative colitis, intestinal tuberculosis, multiplepolyposis, and diverticulosis were shown as an aid to differential diagnosis.

Following this talk many questions were directed to Dr. Kallet and a vote of thanks was tendered him for the splendid presentation he had brought before the society.

A short business meeting was held followed by adjournment at 10 P. M.

HURON-SANILAC COUNTY

E. W. Blanchard, M.D.
Secretary

At the meeting of the Huron-Sanilac Medical Society at Sandusky, January 22, 1937, the death of Dr. Fred C. Wiley of Pigeon was announced and came as a surprise and shock to his colleagues.

A resolution of respect and condolence was drafted:

Whereas, it has pleased an All Wise Providence to remove from us by death our honored associate and fellow laborer of many years, Dr. Fred C. Wiley of Pigeon,

Whereas, during his practice he was earnestly devoted to the interests, honor and prosperity of the community,

Therefore, be it resolved that we tender his family our heart-felt sympathy in this great affliction, realizing full well that where so great a sorrow and bereavement as this casts its shadow athwart the pathway of one's life, the worldly consolations are of little avail and that comfort and support can only come from reliance upon the Higher Power, Whose wisdom and beneficence, we may not always clearly discern, but we dare not question or deny and to those inevitable decrees we must submissively bow.

Resolved that a copy of these resolutions be sent to Mrs. Wiley and family, and that a copy be furnished the Michigan State Medical Journal for publication.

At the annual meeting of the Huron-Sanilac Medical Society, January 22, 1937, the election of officers was as follows:

President—F. O. Kirker, M.D., Sandusky
Vice President—Roy R. Gettel, M.D.. Kinde
Secretary-Treasurer—E. W. Blanchard, M.D., Deckerville
Medico-legal Advisor—H. H. Learmont, M.D., Croswell
Delegate to State Convention—D. D. McNaughton, M.D., Argyle
Alternate Delegate—W. B. Holdship, M.D., Ubly.

Dr. F. B. Miner of Flint addressed us on "Care of the Newborn."

INGHAM COUNTY

R. J. Himmelberger, M.D.
Secretary

The regular monthly meeting of the Ingham County Medical Society was held at the Hotel Olds, February 16, 1937. Seventy-six members and three guests were at the dinner.

Following the dinner, President Shaw reversed the usual order of business and introduced Dr. Albert M. Snell of the Mayo Clinic, whose subject was "Some Diagnostic Problems in Liver Disease."

Dr. Weinburgh read the budget for the year as approved by the Finance Committee.

The Public Relations Committee through its chairman Dr. Snyder reported that due to the Occupational Disease bill now in the Legislature there was considerable discussion upon the subject at this time and that there was to be a Conference in May in the City of Detroit upon this question. The Conference is to include the surrounding states and it promises to be an outstanding meeting.

The Preventive Medicine and Public Health Committee through Dr. Stucky made the following report:

It is Dr. Van der Slice's sincere purpose to eliminate communicable disease to the best of his ability with the coöperation of the Ingham County Medical Society and it is the request of the Committee that each member of the Society support his program to the best of his or her individual ability.

With some apology to the Society as a whole, but nevertheless, in a sincere effort to fulfill the purpose of our Committee, the Public Health Committee of the Ingham County Medical Society wishes to request the indorsement of the Society as a whole of certain plans unanimously approved by the Committee. First fully appreciating the difficulties confronting the Director of Health, and further, realizing that he is in sympathy with the ethical practice of medicine and its efforts in the prevention of disease, we wish to submit the following resolutions for consideration by the Society at this time.

However, it was Dr. Van der Slice's original idea that the Society allot a sum of $2,000 from its general fund to remunerate the individual members of the Society for the administration of various prophylaxes in the field of communicable disease. The Committee did not feel that the Society should remunerate itself for a public health program advocated by the Department of Health of the City of Lansing, but nevertheless, do wish to endorse his program and have submitted the following resolutions:

Resolution Number One

The Public Health Committee of the Ingham County Medical Society endorses any program sponsored by Dr. Van der Slice in an effort to accomplish immunization and prophylaxis against any infectious or contagious disease. Further, it be recommended for approval of the Medical Society as a whole that the resolution to this effect be drawn up and made available to Dr. Van der Slice urging that adequate funds for such a program be set aside from the budget of the Health Department for the accomplishment of such purpose. And that such resolutions be delivered to Dr. Van der Slice for submission to the Board of Health and the common council of the City of Lansing.

Dr. Stucky moved adoption. Dr. Burhans seconded the adoption. Resolution passed.

Next, that the following recommendation of the Director of the Department of Health has been carefully considered; namely, that developing or prodromal stage must be appreciated and the fact reduced were steps taken to avoid undue, social contacts during incubation periods would appear self-evident. It, therefore, was unanimously approved by the Public Health Committee that the following resolution be submitted to the Society as a whole for its endorsement:

Resolution Number Two

The Public Health Committee of the Ingham County Medical Society unanimously endorses a program to minimize the spread of infectious disease in this community and urges that the individual members of this Society coöperate with the Department of Health to the extent that they report all suspected possible cases which might subsequent-

ly fall into this classification immediately upon decision of such possibility in order that warning signs may be placed upon these residences.

Subsequent to accurate diagnosis these warning signs would be removed if no such disease exists, or changed, according to the ultimate diagnosis, the purpose of this recommendation being to avoid the infection of a large number of cases during prodromal periods which might otherwise be obviated.

Dr. Stucky moved adoption. Dr. Miller seconded it. Resolution passed.

We further wish to call to your attention the profound problem of the infectious diseases classified as venereal. It is the purpose of your committee to consider the problems of public health not only from the viewpoint of the public weal, but also from that of the individual practicing physician and we wish to call to your attention that in the past the Surgeon General who preceded Dr. Thomas Parran was profoundly concerned with such devastating afflictions as yellow fever and pellagra and it is to his everlastingly commendable record that these afflictions have been minimized. His successor, Dr. Thomas Parran, has accepted the challenge of the last great plague and in his position as the leading national administrator of health has advocated a program for the establishment of governmental (either national, state, or local) clinics for the control of this problem since individual medical units have made no concerted effort at its control or prevention and have in fact coöperated indifferently with local or State Health Departments.

And further, that the Public Health Committee or the State Medical Society has felt the great necessity of the immediate consideration of this program not only from the viewpoint of the national interest but also from that of the pressing need within our own State and even further that of the ultimate possible embarrassment to the individual physician through his lack of interest in the problem from the viewpoint of the common good.

This State Committee devoted its entire proceedings at its last meeting to the consideration of this problem and has recommended at this meeting of the days previous that the individual physician be best able to handle this problem in general, but nevertheless, the State Committee has found it necessary to admit that such subsidized clinics may be necessary in certain communities within the State. It has become a problem of paramount importance to us from a viewpoint of coöperation with the State Society that some intelligent and constructive program be followed from this point of view. Your Committee has earnestly endeavored, following several meetings subsequent to its very recent appointment, to evaluate opinion of the membership of this Society and wishes to commend those individual members who have responded to the questionnaire recently sent out.

We regret that all members have not replied and have at this time available additional copies of the questionnaire which will be given this evening to those who may possibly have mislaid that originally sent.

At this time we wish to call attention to the fact that all questions listed were carefully considered and that we have requested your individual opinion and answers on each of them. Some of you did answer but omitted one or more questions. To those we may in the future request, if possible, answers to these questions.

To those who have not yet responded, we request for your own individual welfare and that of our Society which has in various fields become a leading Society of the State of Michigan, that you coöperate with your Committee in an earnest endeavor to evaluate medical opinion in the community.

Do rest assured that these matters are not to be discussed outside of the Committee save in a general analysis and it is paramount that in all fields of medical progress that medicine which has previously led should not relinquish that leadership, nevertheless, in this most important field we are in great danger of doing so.

Dr. Breakey stressed the importance of answering the questionnaires sent out by the Public Health and Preventive Medicine Committee. He stated that if the work was not started by the individual counties that the Federal Government would step in and take charge of the Venereal Disease Control Problem.

Dr. Gailbraith reporting for the Economics Committee stated that seventy-seven children had been hospitalized in the last month. There were six rejections at Mason and the Committee had rejected several. Dr. Gailbraith asked that except in cases of emergency the doctors have the necessary papers made out before the patient is admitted to the hospital and that except in emergency not to operate until the committee has seen the patient.

Dr. Burhans of the Entertainment Committee reported on the Keno Party and the President's Party.

The Sick Committee reported that Dr. R. McGillicuddy and Dr. Ponton were on the sick list. Dr. Breakey reported improvement in Dr. Cushman's condition.

The Secretary then read an announcement of the Ingham County Tuberculosis and Health Society Annual Dinner. There was also an announcement of the Symposium on Anæsthesia at Highland Park Hospital.

A letter from the Michigan Department of Health asking for the registration of physicians proficient in the treatment of pneumothorax was read. These physicians are not to be connected with any sanitarium.

A letter from Dr. E. G. McConnell was read.

The proposed amendments to the by-laws were read as presented to the Society at the last meeting.

Dr. Carr in discussing the amendments stated that it was his impression as well as that of others that the amendment to be added under the duties of the Council be rejected because it was thought that this was a duty of the Finance Committee. He also stated that the Trust Company did not like the idea of having to deal with three groups in the handling of the funds.

Dr. Carr then read some changes that were thought advisable in the amendment under Chapter 2, Section 8.

Dr. Weinburgh then read the amendment with the suggested changes.

He stated that it should be Section 7 instead of Section 8 and that the present Section 7 be changed to Section 8.

Dr. Carr moved the acceptance of the amendment as read by Dr. Weinburgh. Dr. Davenport stated that he thought the original amendments were satisfactory and that the Council should have the say about transferring funds to the Trust Fund as they were an elected body and not the choice of the President. Dr. Bauer stated that as he saw it the amendment as read by Dr. Weinburgh did away with the office of Treasurer.

Dr. Shaw called for a vote on the amendments but as there was not a quorum present no vote was taken and the meeting was adjourned.

IONIA-MONTCALM COUNTY

JOHN J. McCANN, M.D.
Secretary

The January meeting of the Ionia Montcalm Medical Society was held at the Reed Inn, Ionia, with a splendid dinner at 7:00 P. M.

Following the dinner, Doctor Whitten introduced Dr. Merrill Wells to open the program on "Heart Disease." He spoke upon "Heart Failure." He listed causes as: (1) Sudden over-exertion; (2) rheumatic fever, diphtheria, acute infections, chronic infections; (3) thyroid heart; (4) luetic heart; (5) hypertensive heart; (6) coronary disease. He then discussed briefly the treatment of failure in these various conditions.

Dr. Paul Ralph then spoke upon the "Use and Misuse of Digitalis," with an account of the work of Sir William Withing, who introduced foxglove to the English profession in the late eighteenth century.

Dr. R. L. Fitts and Doctor Wells then demonstrated a series of films of various heart conditions.

General discussion and questions followed.

At the business meeting the minutes of the December meeting were read and approved.

Applications of Doctors Marston, Kling and Hansen were accepted, and they were elected to membership.

It was moved and supported that dues for the year 1937 be $15.00 (State, $10.00; County, $5.00), associate members, $3.50. Carried.

JACKSON COUNTY

H. W. PORTER, M.D.
Secretary

The Jackson County Medical Society held its annual election as usual on the third Tuesday in December, at 4:30 P. M., with the following results:

1937
President—Dr. E. D. Crowley, Jackson
1938
President-Elect—Dr. John VanSchoick, Hanover
Secretary—Dr. H. W. Porter, Jackson
Editor of the Bulletin—Dr. H. W. Porter
Treasurer—Dr. G. R. Bullen, Jackson
Board of Directors—Dr. C. R. Dengler, Dr. J. E. Ludwick, and Dr. H. L. Hurley, all of Jackson
Delegates to M.S.M.S.—Dr. Philip Riley and Dr. J. J. O'Meara, Jackson
Alternates—Dr. H. A. Brown and Dr. C. S. Clarke, Jackson.

LUCE COUNTY

A. T. REHN, M.D.
Secretary

The annual meeting of the Luce County Society was held at the home of Dr. H. E. Perry on December 1, 1936. The officers were all reëlected.

President—Dr. George Swanson
Vice President—Dr. C. B. Toms
Secretary-Treasurer—Dr. A. T. Rehn
Delegate—Dr. R. E. Spinks
Alternate—Dr. A. T. Rehn.

The following committees were appointed:

Public Relations—Drs. H. E. Perry, R. E. Spinks, and E. H. Campbell.
Medical Filter Board—Drs. H. E. Perry, G. F. Swanson and R. E. Spinks.
Medical Adviser with Probate Judge—Dr. H. E. Perry.

The annual meeting is always held the first Tuesday in December at the home of Dr. Perry. Our regular monthly meeting is held the first Tuesday of every month excepting in July, August and September.

MANISTEE COUNTY

C. L. GRANT, M.D.
Secretary

Thursday was the date of the retiring President's Dinner for the Medical Society. The afternoon was spent socially, by the members who dropped in as they could. At six o'clock, a dinner of juicy steaks, grilled over a charcoal fire in the fireplace, garnished with French fried potatoes and all the other ingredients necessary for a good dinner, was served. After this an evening of cards topped off a perfect day.

The retiring president, Dr. E. C. Hansen, was the host, and Dr. Harlen MacMullen, councilor, rolled up his sleeves and presided over the fireplace, demonstrating the technic of properly grilling a good steak.

Our system of meeting each Monday noon for an hour and a half is going over strong.

We have a member in our county society who, we think, should receive some recognition—Dr. David A. Jamieson, of Arcadia, Mich. Dr. Jamieson was born at Bowmanville, Ont., December 7, 1865. He attended school in Bowmanville and later taught for four years in the public schools. Coming to the United States, he attended the Detroit College of Medicine and Surgery, graduating in the class of 1894.

That same year he came to Manistee County, locating at Arcadia, and has practiced there continuously, with occasional time out for post graduate work.

He has seen Arcadia through its ups and downs, its lumbering, manufacturing and farming periods. During these forty-three years he has ministered unto his people as only a doctor of the old school can do.

Always he has had the good of his fellow practitioner at heart, always ready with help and counsel. He has been a good member and a worker for his county society. Although living at the far corner of the county, his attendance at society meetings has always been high. A kindly, courteous gentleman, and Manistee County's "Grand Old Man" of medicine. Long may he live.

NORTHERN MICHIGAN

GILBERT B. SALTONSTALL, M.D.
Secretary

The Northern Michigan Medical Society held its annual meeting at the Hotel Perry, Petoskey, on the evening of Thursday, December 10, 1936, with thirteen members present.

Following dinner, President Engle opened the business meeting. The minutes of the November meeting were read and approved. Correspondence received during the month was read and placed on file. The following officers of the Society for 1937 were duly nominated, elected and installed:

President—Dr. E. A. Christie, Cheboygan
Vice President—Dr. F. F. Grillet, Alanson
Secretary-Treasurer—Dr. G. B. Saltonstall, Charlevoix
Delegate—Dr. W. O. Larson, Levering
Alternate Delegate—Dr. F. C. Mayne, Cheboygan.

Dr. Mayne moved that the new officers furnish liquid refreshments for the January meeting. Supported by Dr. Van Leuven, the motion was carried.

Dr. Engle introduced the guest speaker of the evening, Dr. Harold Furlong of Pontiac, who gave an interesting and practical résumé of present day knowledge on "Contraception."

The meeting was then opened to discussion of suggestions for the 1937 Postgraduate Course. It was moved by Dr. Mayne and seconded by Dr. Frank that the Society go on record as being in favor of eight afternoon meetings beginning early in September with two meetings in each of the following cities: Cadillac, Manistee, Traverse City and Petoskey, and that the secretary and councilor write Dr. Bruce accordingly.

Dr. Engle appointed Dr. Christie as program committee for January.

O. M. C. O. R. O. COUNTY

C. G. CLIPPERT, M.D.
Secretary

The regular annual meeting of the O. M. C. O. R. O. County Medical Society was held at Grayling, December 9, 1936, for the purpose of election of officers.

A social half hour was followed by a dinner at the Shoppenagon Inn.

At the business meeting the following officers were elected for 1937:

President—Dr. R. J. Beebe, Ogemaw County
Vice President—Dr. M. A. Martzowka, Roscommon County
Secretary-Treasurer—Dr. C. G. Clippert, Crawford County
Delegate—Dr. C. R. Keyport, Crawford County
Alternate—Dr. C. G. Clippert, Crawford County.

Following the business meeting, a presentation of the facts concerning contraception by Dr. Harold Furlong of Pontiac, Michigan, was thoroughly enjoyed by all those present.

ST. CLAIR COUNTY

GEORGE M. KESL, M.D.
Secretary

A regular meeting of Saint Clair County Medical Society was held at the Harrington Hotel, Port Huron, Michigan, Tuesday, January 19, 1937. Twenty nine members and guests attended. Dr. Howard O. Brush, president, called the meeting to order and before he introduced Dr. John A. MacGregor, Professor of Medicine at the Medical School of University of Western Ontario, London, he thanked the committee who had made arrangements for the testimonial dinner given Doctor MacLaren on January 5. President Brush introduced Doctor MacGregor by recalling a previous visit to our Society about six or seven years ago. In his paper on "Some Symptomatic Blood Conditions," Dr. MacGregor stressed the need for routine and repeated blood counts and differential smears calling the attention of his hearers to diagnostic importance of certain of these changes from the normal picture, not to be taken alone but rather as secondary evidence. Discussion followed by Doctors Meredith, Sites, Battley, Waters, Johnson and MacKenzie. Doctor MacGregor closed in the usual manner. Dr. F. E. Ludwig of Port Huron and Dr. C. C. McCue of Goodells were elected to active membership in the Society.

WASHTENAW COUNTY

L. J. JOHNSON, M.D.
Secretary

The Washtenaw County Medical Society held its regular dinner and meeting at the Michigan Union at 5:45 P. M., January 12, 1937, Dr. Reed M. Nesbit, presiding.

The minutes of the December meeting were approved as they appeared in the *Bulletin*.

The Censor Committee reported the following applicants for membership: Drs. Bruce Stocking, Floyd Bays, H. M. Pollard, Myer Teitelbaum, Russell DeJong, Dean Nichols and R. M. Bartlett. All were found qualified and were elected to membership.

The transfer of Dr. Homer H. Stryker from Kalamazoo-Van Buren County Medical Society was accepted and he was elected to active membership in this Society.

Communication from the general secretary of the Michigan State Medical Society regarding delinquent reports from physicians to the Obstetrical Survey Commission was read. An invitation from the Highland Park Maternal Hospital was also read.

An engraved gavel was presented to Dr. Norman Miller by President Nesbit who thanked Dr. Miller for the splendid work performed for our Society during the year of 1936.

The scientific program consisted of a discussion of the treatment of hypertension. Dr. Max Peet discussed the surgical treatment and Dr. George A. Zindler the medical treatment. Dr. Max Peet explained that in the surgical treatment of this disease he performs a bilateral resection of the greater, lesser and least splanchnic nerves. The following results have been obtained: Apparent cure, 15 per cent; marked improvement, 50 per cent; some improvement, 10 to 12 per cent; mortality, 4 per cent. Dr. Peet stated that this operation is counterindicated in patients over the age of fifty years and in those having decompensated hearts or high NPN.

Dr. Zindler discussed the medical treatment of hypertension with sulphocyanate. He pointed out that the drug has been known since 1903 to have hypotensive qualities. It was first used in rather large doses which proved toxic, but when sublethal doses were used and the urine cyanate determined regularly, definite lowering of the blood pressure could be obtained without danger to the patient.

Physiologic Effects of Benzedrine

Myerson, Loman and Dameshek (*Am. J. Med. Sci.*, Oct., 1936) report on the physiological effects of the sympathomimetic amine, benzyl methyl carbinamine ("Benzedrine") in adult humans. Administered parenterally in varying doses the average rise in systolic blood pressure was 29 mm. of mercury. The height of blood pressure was attained in an average time of 46 minutes and reached its normal level 2 to 8 hours after administration. Orally in rather large doses (40 mg.) the blood pressure increases were nearly identical with those after parenteral administration except that the action was delayed. Atropine when combined with Benzedrine markedly enhances its effects. A parasympathetic stimulant, mecholyl, when given with or during the period of Benzedrine action, exerted its depressor effect over a shorter period, temporarily nullifying the action of Benzedrine without being antagonistic to its continued prolonged action. Benzedrine has a definite stimulating action on the central nervous system as shown by the shortening of sodium amytal narcosis. A marked rise in both white and red blood cells, with a lowering of color index, was usually found. These increases were apparently mechanical and of no clinical significance. The authors state that they did not observe an increase in basal metabolic rate or blood sugar. Reference is made to the good effects of Benzedrine in lowered mood and in certain fatigue states; these are the subject of a separate study, as is the drug's action in relaxing gastrointestinal spasm.

WOMAN'S AUXILIARY

PRESIDENT'S LETTER

To county presidents and members, your officers extend greetings.

Although this is the first letter to reach you through The Journal to inform you of the Auxiliary's progress, our year's program has been going forward. On the advice of our national president, Mrs. Fitzgerald, we expect to make organization our chief activity. From reports received at the Secretaries' Conference we have reason to believe that more and more County Medical Societies are looking with favor on the Auxiliary. We are going forward with confidence in our organization program firmly convinced that the number of counties organized will be materially increased.

Should it come to the knowledge of any member or officer that a county decides to organize an auxiliary, kindly advise them to have their County Medical Society adopt a resolution authorizing us to come to that county for that purpose. As soon as the resolution is submitted our organization chairman will have someone in the field to coöperate with the local women. Your officers hope to make this a banner year in extending the geographical scope of the Michigan Auxiliary.

I think it well to point out that our organization activities had been entirely arrested on account of the diversion of the funds for the purpose of absorbing a part of the County dues during the period of the depression. Last year our budget carried an appropriation of only ten dollars for organization purposes. During the same year ten counties reported favorably for organization. Being without funds it was impossible to advance this most important part of our program. Michigan possesses all of the physical characteristics to make it one of the leading states in the number of members and of the counties organized, and in the amount and quality of its productive activities. What is needed is a common worth-while objective or objectives for all units and members to strive for and the will and spirit to reach the desired goal. I am sure the women of Michigan's Auxiliary possess the spiritual qualities to place our State in the front line.

The mid-winter board meeting was held in Grand Rapids on December 8, 1936, with almost a full attendance. The following resolutions were passed: First, To amend the by-laws to provide that all county presidents should be members of the executive board with power to vote; Second, To appoint a committee to revise the constitution and by-laws. The revision committee has the draft of the revised constitution and by-laws prepared and ready for review by the board. It will be presented for adoption at the next annual meeting.

The date for the closing of our books for the year is rapidly approaching. It is my hope that all County Treasurers will make their returns to the State Treasurer in ample time, not later than March 15, 1937, for the State Treasurer to make her returns to the National Treasurer, whose office it must reach not later than April 1, 1937, in order that State and County units and members may be kept in good standing.

It has been said and rightly that the auxiliary is not a money-making organization. This is true only if we have the proper perspective. Certainly no great material good can be accomplished without the use of money. No one looks upon our great philanthropic organizations, as for instance the Red Cross, as a money-making organization. Yet it raises and must use vast sums of money without which its existence would be in vain. Our governmental units are not money-making organizations. But who would expect them to operate without money, of which they raise Midas-like sums? Where and when in all history have like sums been raised and expended?

If in the course of the year's activities it is necessary to raise and use funds, let us not feel that our efforts are misdirected because of it. Rather let us feel that it is a privilege to strive for aims that are at least in part philanthropic. Let us find some worthy objective and press forward to its accomplishment.

Fannie L. Wenger, *President.*

Grand Rapids, February 15, 1937.

Mrs. A. V. Wenger, Grand Rapids
President, Woman's Auxiliary of the Michigan State Medical Society

THE PRESIDENT-ELECT WRITES

Dear Auxiliary Members:

It gives me pleasure to greet you as auxiliary members at this time. The 1936-37 program is well organized and judging from reports each auxiliary is working with increased enthusiasm and interest.

The first project for the year is to sell in the communities our health service, *Hygiea.* Quoting from Mrs. Fitzgerald, our National President, in the January issue of the news letter: "I am proud of the work we have done with *Hygeia.* The circulation of the magazine is growing steadily. The

women who have directed our cause are to be congratulated, as are the workers in the field." Mrs. J. D. Lester, National Chairman of *Hygeia,* announced the following campaign for subscriptions.

The sum of $150.00 will be given in cash prizes to the County Auxiliaries securing the largest number of subscription credits to *Hygeia* during the months of December, 1936, and January 1937. The $150.00 will be divided into three cash prizes of $50.00 each, namely:

GROUP I, Auxiliaries with a membership of 1 to 49—$50.00 CASH.

GROUP II, Auxiliaries with a membership of 50 to 199—$50.00 CASH.

GROUP III, Auxiliaries with a membership of 200 and over—$50.00 CASH.

A new or renewal one-year subscription will count as one credit; a two-year subscription as two credits; a six-months subscription as one-half credit. In the event of a tie, the county sending the largest number of two- and three-year subscriptions will be awarded the prize.

Each group prize awarded will be based on your quota and the number of subscription credits secured. Your quota is the number of paid-up members in your Auxiliary at the close of our fiscal year for 1935. This arrangement gives the Auxiliary with a small membership an equal chance with the larger ones in their particular group. For example: An Auxiliary that has only twenty members and secures eighty subscriptions would have a rating of 400, and win over an Auxiliary that has thirty members and secures ninety subscriptions with a rating of 300.

Orders should be reported to *Hygeia* Subscription Department, 535 N. Dearborn St., Chicago, on the regular green report blanks. Checks should be made payable to the American Medical Association, and if possible, any commissions should be deducted before the orders are mailed to the Chicago office.

The time of the contest covers the period from December 1, 1936, to January 31, 1937. All orders post-marked on and previous to January 31, 1937, will be counted in this contest.

The prize money in this contest is donated by Mrs. O. McReynolds, past president.

The second project is to study the Basic Science Bill, which is to appear before the Legislature this year. The time has come when a uniform standard of training for those entering the healing arts is imperative. The Medical Society believes that by raising these standards the families of Michigan will be protected by uniform health safeguards. Each Auxiliary member who is familiar with the contents of this bill is prepared to inform lay groups of its purpose. No one can tell just when this opportunity might arrive. Therefore, be prepared.

Our president brought the message from the annual board meeting that the interest and sincerity of Auxiliary members throughout the entire United States cannot be surpassed by any organization. This statement is becoming to those who are organized to benefit the still well chosen profession, the practice of medicine.

Tune in at 5:00 P. M. E.S.T., Tuesday, each week, and hear Dr. Bauer and Dr. Fishbein dramatize health problems. Make it a habit in your community by urging your friends and neighbors to follow your example.

Sincerely,

(Mrs. G. C.) Bernice Hicks, President-Elect.

A MESSAGE TO DOCTOR HUSBANDS

Dear Doctor:

Is your wife a member of some County Medical Auxiliary? If not, let us consider what would be gained by such membership. In the first place, she should be a well informed person on medical subjects in relation to the laity. Some of these subjects are:

Photo by D. D. Spellman

Mrs. Claire L. Straith, Detroit
Vice President, Woman's Auxiliary of the Michigan State Medical Society

Personal and community hygiene.
The administration of local and state health work.
Medical and Health laws.
Health of her own community.
Communicable diseases—their prevention and control.
Approved education material; where to obtain it.
Development of medical arts.
Why the A.M.A. urges the promotion of hygiene; how done.
What legislation the Medical Society sponsors; why and how an Auxiliary helps.
Philanthropic work related to Medical profession and what an auxiliary can do.
What lay organizations are doing in her community in health.

One of the objects of an auxiliary is to inform, gradually, its members on these subjects so that they can extend authentic information on health to the laity.

Your wife, if she is an informed member of an Auxiliary, has many opportunities in her contact with Women's clubs, church and school organizations and welfare groups, to carry the aims and decisions of the medical profession to the laity and help to keep health leadership where it belongs—with the medical profession.

Now I know in some communities it is difficult to get together even a few busy wives for an extra meeting but, after all, a doctor's wife's interest outside the home and children should be first in her husband's work and anything which can make it

more secure and, above all, more helpful to humanity. I quote Mrs. David S. Long, national chairman of organization:

"Wives of doctors need training in character, training in intellectual poise and training to live the rôle of doctor's wife. She must have patience not only with the interrupted routine of her household but with the ignorance of people, and sympathy not only with sickness of people but with their distorted points of view. How can she mold public opinion unless she has the imagination to understand what is in the minds of people? How can we interpret the medical profession to the laity unless we, ourselves, are informed and intelligent? Study—study not only the present day problems and trends but steep yourselves in the history and traditions of the profession of the past."

There is only one place where one can have the true presentation of medical problems with free discussion and that is at an Auxiliary meeting.

What is the immediate work before the Auxiliary today? Spreading true information about the basic science law. *Your* wife should know what it is, how it affects people who are already practitioners; why Michigan should have one; who reaps the benefit from it; what are the valid objections to it and their answers; what invalid objections are made to it and how to answer them.

As a member of an auxiliary, she can learn these things and, inspired by the enthusiasm of hundreds of women working together, can have a part, however small or large, in the task now before the medical profession of Michigan.

Your medical society needs her help to win this fight.

(Mrs. C. L.) VIRGINIA M. STRAITH.

WOMAN'S AUXILIARY OF THE MICHIGAN STATE MEDICAL SOCIETY

By BLANCHE B. HARTMAN

The Women's Field Army of the American Society for the Control of Cancer has been launched to build throughout the country "an enlightened lay group" through the dissemination of sound material on the methods of cancer control.

The campaign has been endorsed by the National Council of Women, formed in 1888, and has a membership of approximately 5,000,000. It is composed of twenty organizations representing educational, religious, civic, philanthropic and peace movements, including American Homemakers Association, Association of Women in Public Health, General Federation of Women's Clubs, Hadassah, Indianapolis Council of Women, National Association of Colored Women, National Association of Business and Professional Women, National Federation of Music Clubs, National Kindergarten Association, National Motion Picture League, National Women's Christian Temperance Union, National Woman's Party, National Woman's Relief Society, Supreme Forest Woodmen Circle, Women's Benefit Association, Young Women's Mutual Improvement Association.

The army is under way in thirty-eight states, Vice-Commanders, Captains, and Lieutenants are being appointed throughout the country.

Opportunity to fight this dreaded disease described as "the greatest natural hazard of living" presents an unusual challenge to womanhood. Under the slogan "Early Cancer Is Curable; Fight It With Knowledge," every woman in America, especially those closely related to the Medical Profession should enlist in this deciding battle against cancer mortality.

Michigan Off to a Good Start

It is estimated that in Michigan alone hundreds of women have already volunteered their services in the cause of cancer control, and thousands more will be working before enlistment week, March 21-27.

Educational Work

With the educational work which has been done by the State and County Medical Societies and the Women's Field Army, the outlook for this state is decidedly bright.

Luncheon conferences of representatives of the press, radio, State and County Cancer Committees, have been arranged by the Women's Field Army at the Medical Club Rooms in Detroit. Mrs. M. R. Keyworth, club woman, educator, unusual executive ability, has been appointed State Commander. Mrs. H. Wellington Yates, Mrs. Osborne A. Brines, and Mrs. Frank W. Hartman, members of the Wayne County Medical Auxiliary are serving as Vice-Commander, and Captains. Mrs. Yates is contacting all organizations in the Metropolitan area. Mrs. Brines is arranging for speakers, and Mrs. Hartman is handling the publicity in all papers in Metropolitan Detroit as well as Radio publicity.

Message to Governor

At the suggestion of the American Society for the Control of Cancer, Governor Murphy has been requested to proclaim the week of March 21-27 "Fight Cancer Week Throughout the State."

Auxiliary Arranges Mass Meeting

The Woman's Auxiliary to the Wayne County Medical Society will present Dr. William A. O'Brien, Associate Professor of Pathology and Preventive Medicine, University of Minnesota, to address a mass meeting of women in the Statler Hotel, Detroit, Wednesday, March 24, at 2:00 P. M. His subject will be "Women's Contribution to the Cancer Problem." A subscription luncheon to honor Doctor O'Brien will be served at the club rooms of the Medical Society at 12:15 P. M. the same day. Members of the Medical Profession, Women's Auxiliary, and their friends are cordially invited to attend.

Mayor Frank Couzens will be asked to designate Thursday, March 25 as "Fight Cancer Day" in Detroit. On this day under the direction of Mrs. Edwin R. Stroh, and her co-volunteers, the general public will be given an opportunity to join the ranks of this vast army and contribute to its cause.

For the enlightenment for those who may not know, it seems opportune to state Dr. C. C. Little, former President of the University of Michigan, now Director of the Jackson Memorial Laboratories, at Bar Harbor, Maine, is Managing Director of the American Society for the Control of Cancer. Mrs. Grace Morrison Poole, Past President of the General Federation of Women's Clubs, is Chief Adviser of the Women's Field Army.

Mrs. Marjorie B. Illig, National Field Representative of the Women's Field Army, and Chairman of the Health Division of the General Federation of Women's Clubs, stopped in Detroit en route from California and other western states where she had been inspecting the progress of the Women's Field Army.

Buttons—Posters—Dues

Mrs. Illig predicts that soon we will see another cruicial drive in progress with red-white-and-blue buttons and posters showing a slender flaming sword, and "Fight Cancer"—Women's Field Army, all over town. Membership fee is $1.00 and Michigan's allotted quota is $5,000. Seventy per cent

of the amount collected will be used in Michigan for continuation of the educational program in Michigan under the direction of the State and County Cancer Committees, namely for the state and for the county.

Enlistment week—March 21-27

Was it an accident that Holy Week was Chosen? No, indeed! It was the week before Easter when the hope of the world grew dim, just as until now, most people have held little hope about cancer. Out of the despair of Holy Week came a rebirth of hope and courage, the dawn of a better tomorrow. What better time could we hold our Enlistment Drive with its message of hope than that particular week?

COUNTY AUXILIARIES

Bay County

January 27, at Trinity Parish House, the Auxiliaries of Saginaw, Tuscola, and Midland Counties united in a luncheon meeting. There were sixty-five members present. Dr. Frank J. Clancey, of Seattle, Washington, dierctor of the Bureau of Investigation of the A. M. A., spoke on "Quackery in Cosmetics."

* * *

Kalamazoo

The first meeting of the year for the Kalamazoo Women's Auxiliary was held Tuesday evening, October 21, at the home of Mrs. H. A. Rigterink.

Covers were laid for 31 members at the bountiful coöperative dinner enjoyed at 6:30 P. M. Fall flowers were used for decorating the serving table.

A short business meeting was held. Routine business preceded the report of the State Confab in Detroit which was interestingly given by the delegate, Mrs. Clarke B. Fulkerson.

Mrs. C. E. Boys presented the evening's program. Her hobby is an enviable collection of native dolls, collected in the countries of the world where she has travelled. Preceding the showing of the dolls, Mrs. Boys gave an instructive narrative of the history of dolls and doll making.

The November meeting of the Women's Auxiliary to the Kalamazoo Academy of Medicine was held Tuesday, November 17, at the home of Mrs. C. E. Boys. Mrs. W. O. Jennings was the assisting hostess. Forty-two members and one guest enjoyed the coöperative dinner served at 7:00 P. M. Mrs. John Littig, Mrs. C. H. McIntyre and Mrs. L. H. S. DeWitt were welcomed as new members.

During the evening, Prof. Lemuel F. Smith of Kalamazoo College, gave a talk on his summer's visit to the British Isles.

WILMA G. DOYLE,
Press and Publicity Chairman.

* * *

The Woman's Auxiliary to the Kalamazoo Academy of Medicine was entertained by the Academy at a dinner meeting held December 12, at the Columbia Hotel.

Covers were laid for 125 guests. Individual wrist bouquets and favors were provided. Dr. W. C. Young, the retiring president, delivered his exaugural address followed by a short talk by the incoming president, Dr. W. C. Hoebeke.

Mrs. Claude Fulkerson, president of the Auxiliary, extended greetings, and Dr. William Halnow of the N. Y. A. talked on their activities.

Mrs. R. J. Hubbell was hostess to the Kalamazoo Woman's Auxiliary for the January meeting. Thirty members enjoyed the coöperative dinner served at 6:30 P. M. Following dinner and a brief business meeting the time was spent in a social manner.

* * *

Kent County

The Women's Auxiliary to the Kent County Medical Society began their activities October 14 with a meeting in the Medical Arts Club Rooms, Grand Rapids.

The officers for the year are:

President	Mrs. Robert H. Denham
President-elect	Mrs. Carl H. Snapp
Vice President	Mrs. Murray M. DeWar
Corresponding secretary	Mrs. Dewey R. Heetderks
Recording secretary	Mrs. W. H. Steffenson
Treasurer	Mrs. J. L. McKenna

Committee chairmen are:

Membership	Mrs. N. W. Shellman
Program	Mrs. Lynn Ferguson
Social	Mrs. Henry J. Vandenberg
Courtesy	Mrs. James S. Brotherhood
Press	Mrs. Wm. J. Butler
Revision	Mrs. A. B. Smith
Public Relations	Mrs. Minor S. Ballard
Hygeia Magazine	Mrs. Paul L. Ralph
Legislation	Mrs. Henry J. Pyle
Welfare and Philanthropic	Mrs. Robert G. Laird
Historian	Mrs. P. L. Thompson

Otto Karl Bach, Director of the Grand Rapids Art Gallery, was guest speaker and gave an interesting illustrated lecture on modern art. The tea was served at the close of the meeting with Mrs. Fred P. Currier and Mrs. T. R. Kemmer as hostesses.

On October 25 a rummage sale was held with Mrs. Robert G. Laird in charge for benefit of *Hygeia* magazine.

On October 30 the Kent County Auxiliary sponsored a dinner dance and bridge at the Morten Hotel.

Our November 11 meeting was held in the Medical Arts Club Room with Dr. A. B. Smith, President of the Kent County Medical Society, as guest speaker, his subject being "Social Problems." A brief extract from Dr. Smith's address follows:

> The doctor's wife may be his "blessing or his curse." No decision is more important for the young medical man than whom he shall choose as his helpmate. She can be a great help and a guiding spirit in his practice as it applies to social problems, hence the existence of the Women's Auxiliary. Doctors generally should more fully appreciate the possibilities of their wives as an organized body in activities that they themselves may not in good taste undertake.
>
> Also their influence can be of material help in furthering desirable legislation and in circumventing undesirable enactments, both in voting and in molding opinion through education by contacts with lay groups of women in clubs, voters leagues, P. T. A.'s, and other lay organizations where study committees may be organized for study of proposed bills affecting the profession, such studies being made as public welfare.
>
> That the doctors have an interest in public welfare is amply attested in that their annual contribution to this cause in service amounts to $365,000,000. The many social welfare and social service activities which affect medical practice open greater and wider fields of usefulness for auxiliary bodies not only on the side of altruism but in so educating and molding public opinion that through it doctors shall at last receive their just material as well as altruistic benefits for these services. A right that has been traditionally denied them since the days of the Druid priest and the beggar at the city's gate.

On December 9 an open meeting of the Auxiliary was held in the Medical Arts Club Rooms to sponsor a play reading and tea, the proceeds to be used in placing *Hygeia* magazine in the public schools. Two plays were read from Noel Coward's recent book, *"Tonight at Eight-thirty."* They were "Ways and Means" and "We Were Dancing."

(MRS. WM. J.) LUIDA I. BUTLER
Press Chairman

(County Auxiliaries continued on page 208)

LABORATORIES APPROVED FOR SERODIAGNOSIS OF SYPHILIS

The Michigan Department of Health is required by Act 45, P.A. 1931, to check the accuracy and dependability of all public laboratories making chemical, serological, or bacteriological laboratory tests to aid in the diagnosis and control of communicable diseases.

The following public laboratories have complied with the regulations and have been approved for the serodiagnosis of syphilis as of January 28, 1937:

REGISTERED LABORATORIES IN MICHIGAN APPROVED FOR THE SERODIAGNOSIS OF SYPHILIS

Reg. No.	*Name of Laboratory*	*Location*	*Supervisor*
202	Emma L. Bixby Hospital	Adrian	Bernhard Steinberg, M.D.
5	St. Joseph Mercy Hospital	Ann Arbor	S. C. Howard, M.D.
6	University of Michigan Hospital	Ann Arbor	R. L. Kahn, Sc.D.
175	Chemical & Bacteriological	Battle Creek	Wm. Rothberg, B.S.
11	Leila Y. Post Montgomery Hosp.	Battle Creek	A. A. Humphrey, M.D.
70	Nichols Memorial Hospital	Battle Creek	C. E. Roderick, M.D.
9	Sanitarium	Battle Creek	Paul Roth, M.D.
13	Health Department	Bay City	L. B. Harrison, M.A.
14	Mercy Hospital	Bay City	W. G. Gamble, M.D.
191	Gamble Clinical	Bay City	W. G. Gamble, M.D.
170	Mercy Hospital	Benton Harbor	H. L. Galehouse, B.S.
166	Dearborn Clinical	Dearborn	C. A. Christensen, M.D.
183	Ford Motor Co. Medical	Dearborn	B. D. Campbell, M.D.
1	Health Department	Detroit	J. A. Kasper, M.D.
195	Brooks	Detroit	C. D. Brooks, M.D.
162	Buesser	Detroit	F. G. Buesser, M.D.
203	Central Laboratories	Detroit	J. A. Wolf, B.S.
100	Clark Clinical	Detroit	H. L. Clark, M.D.
140	Chas. Godwin Jennings Hospital	Detroit	S. W. Wallace, M.D.
184	Chenik Hospital	Detroit	O. A. Brines, M.D.
18	Children's Hospital	Detroit	M. K. Patterson, M.D.
17	Delray General Hospital	Detroit	H. E. Cope, M.D.
164	Detroit Endo. & Clinical	Detroit	I. J. Zimmerman, M.D.
185	Detroit Polyclinic	Detroit	Eveline M. Purdon, B.S.
189	East Side General Hospital	Detroit	O. A. Brines, M.D.
201	East Side Medical	Detroit	R. I. Greenidge, M.D.
198	Ellwart Clinical	Detroit	D. L. Drummond, M.D.
113	Evangelical Deaconess Hospital	Detroit	A. B. Pranian, B.S.
156	Fairview Sanatorium	Detroit	R. I. Greenidge, M.D.
136	Florence Crittenton Hospital	Detroit	A. L. Amolsch, M.D.
21	Grace Hospital	Detroit	C. I. Owen, M.D.
73	Harper Hospital	Detroit	P. F. Morse, M.D.
176	Havers	Detroit	H. Havers, M.D.
22	Henry Ford Hospital	Detroit	F. W. Harman, M.D.
188	Jefferson Clinic	Detroit	O. A. Brines, M.D.
199	Jordan Clinical	Detroit	H. M. Harrington, M.D.
142	Medical Clinical	Detroit	N. E. Aronstam, M.D.
177	Michigan Bell Telephone Co.	Detroit	W. E. Bennett, M.D.
180	Michigan Diagnostic	Detroit	R. J. Scott, M.D.
24	National Pathological	Detroit	F. J. Eakins, M.D.
157	Nottingham Clinical	Detroit	H. B. Ainslie, B.A.
25	Owen Clinical	Detroit	R. G. Owen, M.D.
88	Parkside Hospital	Detroit	R. I. Greenidge, M.D.
26	Physicians' Service	Detroit	M. S. Tarpinian, B.S.
27	Providence Hospital	Detroit	J. E. Davis, M.D.
28	Receiving Hospital	Detroit	O. A. Brines, M.D.
31	St. Joseph Mercy Hospital	Detroit	D. G. Christopoulos, M.D.
32	St. Mary's Hospital	Detroit	J. E. Davis, M.D.
76	Schaefer	Detroit	R. L. Schaefer, M.D.
181	Stafford, Frank	Detroit	Frank Stafford, M.D.
196	Stafford, Biological	Detroit	C. M. Stafford, M.D.
117	Woman's Hospital	Detroit	D. C. Beaver, M.D.
97	Seymour Hospital	Eloise	S. E. Gould, M.D.
36	Hurley Hospital	Flint	G. R. Backus, M.D.
209	St. Joseph Hospital	Flint	G. R. Backus, M.D.
112	Women's Hospital	Flint	G. R. Backus, M.D.
2	West. Mich. Div., Mich. Dept. Health	Grand Rapids	Pearl Kendrick, Sc.D.
167	Allergic & Clinical	Grand Rapids	H. G. Swenson, M.D.
38	Blodgett Memorial Hospital	Grand Rapids	W. M. German, M.D.
40	Brotherhood Private	Grand Rapids	J. S. Brotherhood, M.D.
37	Butterworth Hospital	Grand Rapids	W. P. L. McBride, M.D.
192	Hufford	Grand Rapids	A. R. Hufford, M.D.
42	Western Michigan Clinical	Grand Rapids	T. L. Hills, Ph.D.
41	St. Mary's Clinical	Grand Rapids	G. L. Bond, M.D.
116	Cottage Hospital	Grosse Pointe	P. F. Morse, M.D.

Reg. No.	*Name of Laboratory*	*Location*	*Supervisor*
94	Health Department	Hamtramck	P. A. Klebba, M.D.
44	General Hospital	Highland Park	P. F. Morse, M.D.
3	Upper Pen. Div., Mich. Dept. Health	Houghton	Ora M. Mills, B.S.
193	Itzov Clinical	Iron Mountain	Theo. A. Itzov
186	W. A. Foote Memorial Hospital	Jackson	J. H. Ahronheim, M.D.
47	Public Health Department	Kalamazoo	George White, A.B.
46	New Borgess Hospital	Kalamazoo	H. R. Prentice, M.D.
91	Bronson Methodist Hospital	Kalamazoo	H. R. Prentice, M.D.
0	Michigan Department of Health	Lansing	C. C. Young, D.P.H.
163	Larkum Clinical	Lansing	N. W. Larkum, Ph.D.
69	St. Lawrence Hospital	Lansing	C. D. Keim, M.D.
134	St. Luke's Hospital	Marquette	Josephine Galloway, B.S.
141	Diagnostic Clinic	Monroe	C. J. Golinvaux, M.D.
104	Mercy Hospital	Monroe	R. W. McGeoch, M.D.
187	Monroe Hospital	Monroe	S. Long, M.D.
51	Macomb County	Mt. Clemens	S. J. Peltier, M.S.
50	St. Joseph Hospital	Mt. Clemens	Isabella Kennedy, B.S.
53	Hackley Hospital	Muskegon	E. W. Lange, M.D.
54	Mercy Hospital	Muskegon	A. A. Spoor, M.D.
118	Pawating Hospital	Niles	Alice Gracy, M.D.
111	Wm. H. Maybury Sanatorium	Northville	C. E. Woodruff, M.D.
107	Memorial Hospital	Owosso	I. W. Greene, M.D.
56	Dept. Health, General Hospital	Pontiac	C. A. Neafie, M.D.
57	Oakland County Health	Pontiac	Clara Diekman, B.S.
128	Pontiac State Hospital	Pontiac	R. E. Olsen, M. D.
200	Port Huron Hospital	Port Huron	Irene Dexter, B.S.
58	St. Clair County	Port Huron	Lucile Roach, B.S.
83	Health Department	Roseville	F. T. Zieske, M.D.
59	Central Laboratory	Saginaw	O. W. Lohr, M.D.
108	Clinton Memorial Hospital	St. Johns	T. Y. Ho, M.D.
168	Hart Clinic	St. Johns	T. Y. Ho, M.D.
182	Sturgis Memorial Hospital	Sturgis	D. M. Kane, M.D.
62	Traverse City State Hospital	Traverse City	R. P. Sheets, M.D.
63	General Hospital	Wyandotte	C. M. Crum, B.S.
150	Ypsilanti State Hospital	Ypsilanti	Aileen L. MacKenzie, M.D.

LABORATORIES IN MICHIGAN CHECKED FOR THE SERODIAGNOSIS OF SYPHILIS—REGISTRATION PENDING

Reg. No.	*Name of Laboratory*	*Location*	*Supervisor*
	Sullivan Laboratory	Flint	Helen Sullivan, B.S.
	Health Department	Jackson	E. J. MacLachlan, D.V.M.
	Morgan Heights Sanatorium	Marquette	Richard V. Tysdale, M.D.
	Newberry State Hospital	Newberry	W. R. Purmort, M.D.

COMMUNICABLE DISEASE REVIEW FOR 1936

For the year 1936 the incidence of communicable diseases as a whole has been favorable. There occurred but a small number of cases of measles and relatively little poliomyelitis as compared to the previous year. The number of cases of typhoid fever reported was about 15 per cent less than the number reported for 1935. There have been some increases in the number of reported cases of tuberculosis, diphtheria, whooping cough, scarlet fever, smallpox and meningitis. An analysis of these figures, however, indicates that the increases are either slight and not significant, or a probable explanation is better reporting for each disease.

The number of reported cases of tuberculosis for 1936 is 5,087 compared to 4,832 for 1935. The increase is slight and may be due in part to better reporting.

A total of 656 cases of diphtheria were reported in 1936, while 638 were reported in 1935. This increase is not significant except that it is in keeping with the downward trend of the last decade.

The incidence of diphtheria is but a small fraction of what it was ten years ago. In certain sections of the state diphtheria has continued relatively high since January 1 of this year, and this failure of decline should act as a warning for health officers and physicians to be on the alert. Further activity in the immunizing of young babies is needed.

There was reported in 1936 a total of 14,152 cases of whooping cough. This is an approximate increase of 10 per cent over the incidence of 1935, while, on the other hand, there was a decrease in the number

of deaths from this disease in 1936. The explanation lies in the fact that there has been an increase in the number of full-time county health units in operation. The number of cases reported in organized units is approximately three times as many as that in counties not organized. Thus, a true index of the incidence of whooping cough, as well as several other reportable diseases, is the number of deaths.

In 1936 there were 12,586 cases of scarlet fever reported as compared to 11,849 in 1935. No doubt this slight increase is more than accounted for by better reporting brought about by the establishing of county health departments as explained for whooping cough. However, beginning with the winter season of 1936-1937 there has been a decided increase in scarlet fever as compared with corresponding months for the previous year. This increase has become more noticeable since the first of January, and at the present writing indications are that the incidence is considerably higher than the five year average for the state. This is the only disease in which this situation is evident.

There were 33 cases of smallpox reported for 1936, while there were only 21 for 1935. These figures indicate an extremely low incidence in both years. Diagnosis is often questionable although it is known that there have been some typical cases where there was no doubt.

The incidence of meningococcic meningitis has been practically at a standstill for two years. However, this level is about twice that of the low incidence for 1934 when there were only 53 cases reported.

For the year 1936 there were reported 12 cases of lethargic encephalitis, 25 cases of amebic dysentery, 82 cases of malaria, 88 cases of undulant fever, 38 cases of trichinosis, 7 cases of trachoma and 10 cases of ophthalmia neonatorum.

TRICHONISIS OUTBREAK

An outbreak of trichinosis of not less than 65 cases occurred in a small community of eastern Michigan during the month of December. At least five deaths occurred in which there was trichinosis, although in two or three of them other conditions such as cerebral hemorrhage and appendicitis were factors in the fatality.

During the first part of the outbreak cases were diagnosed as influenza, typhoid fever and intestinal infections. When it became apparent that here was something unusual, the Michigan Department of Health was notified. Epidemiologists have been making a thorough study of the outbreak and a written account will be published.

Recent investigations show that trichinosis is not as rare as usually considered. Studies made among rural communities indicate that from ten to fifteen per cent of the population have trichinosis at some time.

During the last few years there have been a number of very good articles on this subject. We mention only two:

Wesley W. Spink, M.D., and Donald L. Augustine, Sc.D., The Diagnosis of Trichinosis, *Journal of the American Medical Association*, Vol. 104, 1935, p. 1801.

George Blumer, M.D., Trichinosis, with Special Reference to Changed Conceptions of the Pathology and their Bearing on the Symptomatology, *New England Journal of Medicine*, Vol. 214, 1936, p. 1229.

LOCAL REGISTRATION OF BIRTHS AND DEATHS IMPROVED

As an aid to full time local health departments in checking the registrations of births and deaths within their jurisdiction, the Bureau of Records and Statistics has arranged to route such statistics directly through the local health officer in ten of the organized counties. Under this system the local registrar of vital statistics will send his birth and death registrations to the local health officer on the fourth of each month rather than directly to the State Department of Health. The local health officer then transmits the registrations to the Bureau of Records and Statistics by the tenth of the same month. The physician's part in this new system does not change; he will continue his registrations with the local registrar.

The new system of registration in these ten counties was devised in order that the local health department may have a more immediate knowledge of health conditions. Reports of communicable diseases are already being filed through the local full time health officers, who in turn file these daily with the Bureau of Records and Statistics.

No county is included under this new setup unless sufficient clerical assistance is available for the immediate and advantageous handling of registrations. The first county to be so organized was Eaton more than a year ago. Successful operation of the plan there led to its inauguration in Oakland, Barry, Allegan, Branch and Midland counties. During the past month Saginaw, Genesee, Hillsdale and Calhoun counties have been thus organized.

ASSISTANCE GIVEN FLOOD VICTIMS

The Michigan Department of Health came to the aid of health authorities in the flood stricken areas of the Ohio river valley with supplies of typhoid fever vaccine needed to offset the threatened outbreaks following the pollution of most of the available water supplies. A shipment of 10,000 c.c. of vaccine has been rushed to Red Cross Headquarters at Evansville, Indiana, to be followed by additional amounts just as soon as it can be packaged at the department's biologic plant. It is estimated that 90,000 c.c. can be made available for the health agencies of Ohio, Indiana, Kentucky, Tennessee and other threatened areas.

A chlorofeeder diaphragm pump capable of chlorinating and providing a safe water supply for a small village has been shipped to health authorities at Nashville, Tennessee. With the subsiding of the flood sanitary engineers will be in great demand to aid in rehabilitating water supply and sewerage systems. The United States Public Health Service is organizing this service and has requested the Michigan Department of Health to coöperate. Three sanitary engineers from the Bureau of Engineering have been detailed to the flood zone.

Summer Romance—Although they had known each other only three days, they had to part.

"Come along," shouted the guard, but the young man still held her hand.

"It'll be terrible without you," he sighed.

"And I'll miss you, too," she said. "I was never so happy before, and all because we met three days ago."

"Stand away there!" shouted the guard.

"You'll write," she shouted from the window.

"Every day." Then suddenly he tore after the train, and as he almost overbalanced on the extreme edge of the platform he made a trumpet of his hands and cried: "Darling! Darling! What did you say your name was?"—*London Opinion.*

Effective Advertisement—Letter from dentist: "Dear madam: Unless the denture you had from me is paid for without delay, I shall be obliged to insert the following advertisement in the local paper: 'Excellent set of false teeth for sale. To be seen at any time at Mrs. Smith's, 5 Dettone Terrace.'"

The teeth were paid for the same day.—Hamilton *Spectator.*

IN MEMORIAM

Dr. Fred Burke

It is inevitable that from time to time there must be suffered the loss of our loved ones. Little can be done or said to assuage the sadness of these occasions. In the case of Dr. Fred Burke, who was near and dear to all our hearts, there is an added sense of tragedy because he was president-elect of the Society and about to be inaugurated as our chief executive. It is seldom that an organization had a man so well qualified for this office. Fred Burke worked hard for his fellow physicians during his entire medical lifetime. His heart and soul were in the Society. He understood its mechanism, activities, and its precedents. He knew the men and what they wanted. At the time of his death he was laboring on several projects of extreme importance to the medical profession. It is hoped that the fruition of his efforts will materialize soon as a living monument to his memory. Let us carry on the work and ideals of Fred Burke.

T. K. G.

Dr. A. W. Crane

Dr. A. W. Crane, of Kalamazoo, died suddenly at his home, on February 20, 1937. He was born at Adrian, Michigan, on November 15, 1868. Educated in the literary department of the University of Michigan, and also in the medical department of the University, he was graduated in 1894, when he located in Kalamazoo and engaged in general practice for twenty years. He had specialized as a diagnostician since 1915. Dr. Crane was one of the most prominent physicians of the present day; a most profound scholar, his great ability was early recognized not only in this state but throughout the nation. His memberships in scientific societies were many. He was one of the earliest to see the future in roentgenology and set to work soon after the discovery of the x-rays to study and expand their utility as a diagnostic agent in medicine. He was appointed a member of the National Research Council in 1919. He was acting editor of the *American Journal of Roentgenology*, 1917 to 1918. Dr. Crane was awarded the gold medal in 1921 of the Radiological Society of North America in recognition of his achievement in the science of radiology. He had been a member of the London Roentgen Ray Society since 1899, a member of the American Roentgen Ray Society and its president in 1916. He was also a member of the Radiological Society of North America. Dr. Crane was president of the Kalamazoo Academy of Medicine in 1908. A clinician of national recognition, Dr. Crane showed unusual ability in the matter of research connected with his chosen specialty.

As a writer and contributor to literature of roentgenology, Dr. Crane had few equals. The Detroit X-ray and Radium Society established a lecture in honor of the late Dr. Preston M. Hickey, another pioneer in roentgenology. Dr. Crane was selected to give the first Hickey lecture which was his last appearance before a medical audience, the Wayne County Medical Society, in February, when he traced the history of roentgenology from the early contribution of Gilbert on electricity and magnetism and the evolution of that co-necessity to the production of x-rays, the vacuum tube. In 1932, his alma mater conferred upon him the honorary degree of Master of Arts. Never has an honorary degree been so well deserved. Dr. Crane was married in 1896 to Caroline Bartlett, who died as suddenly, two years ago. He was a member of the Kalamazoo Academy of Medicine, the Michigan State Medical Society and the American Medical Association.

Dr. Thomas O. Menees

Dr. Thomas O. Menees of Grand Rapids died suddenly, February 14th. Dr. Menees was born at Nashville, Tennessee, forty-seven years ago. He received his early education in Nashville and attended the Vanderbilt University where he was graduated M.D., in 1907. Following his graduation he went to the Belgian Congo, South Africa, as a medical missionary. He served as roentgenologist with the rank of lieutenant during the World War. Up to the time of his death, he was director of the x-ray department of Blodgett Memorial Hospital, Grand Rapids. He is survived by his wife and two sons, Leo and James. Dr. Menees was a member of the Kent County and Michigan State Medical Societies.

Dr. Robert F. Shinsky

Dr. Robert F. Shinsky of Detroit died on February 2 after a week's illness of septicemia which originated in an infected hand. Dr. Shinsky was born in Saginaw in 1887. He was educated at the University of Michigan and the Detroit College of Medicine. He graduated in 1920 and has practiced in Detroit since his graduation. He is survived by his wife. Dr. Shinsky was a member of the Wayne County Medical Society and the Michigan State Medical Society.

Dr. Herbert J. Wing

Dr. Herbert J. Wing of Hartford, Michigan, died of pneumonia at Mercy Hospital, Benton Harbor, November 8, 1936. Dr. Wing was thirty-two years old. He was graduated from the University of Illinois Medical School and spent his internship in the Lakeview Hospital, Chicago. Dr. Wing practiced in Chicago three years before going to Hartford, where he practiced about a year. He took over the practice of the late Dr. John D. Stewart. Dr. Wing was married in 1932 to Miss Louise Garrison of Birmingham, Alabama. He is survived by his wife and one son, eighteen months old. Dr. Wing was a member of the Van Buren County Medical Society, Michigan State Medical Society and American Medical Association. His passing, after a brief illness, cuts short what had bid fair to be a promising career in his chosen profession.

Treatment of Encapsulated Brain Abscess

Edgar A. Kahn, Ann Arbor, Mich. (*Journal A. M. A.*, Jan. 9, 1937), outlines a procedure by which a chronic encapsulated brain abscess can be dealt with more easily. He has shown in his four cases that a brain abscess can migrate to the surface beneath a decompression, in the presence of increased intracranial pressure. In most cases of encapsulated abscess there is nothing to prevent their changing position under certain pressure conditions. Could all abscesses be drained at the surface under circumstances which would minimize the possibility of meningitis, the mortality would undoubtedly diminish.

General News and Announcements

The One Hundred Per Cent Club of the Michigan State Medical Socety:

1. Clinton County Medical Society
2. Eaton County Medical Society
3. Luce County Medical Society
4. Manistee County Medical Society
5. Muskegon County Medical Society
6. Newaygo County Medical Society
7. Oceana County Medical Society
8. Ontonagon County Medical Society
9. Schoolcraft County Medical Society
10. Tuscola County Medical Society

The above County Medical Societies have paid dues in full for each and every member of the County and State Medical Society. A number of other County Societies lack but a few, sometimes only one or two, of being One Hundred Per Cent. Have YOU paid your dues?

Dr. L. Fernald Foster of Bay City gave a talk on "County Health Units" February 24 to the Bay County Social Workers.

* * *

Dr. F. D. Richards of DeWitt gave a talk on Mental Hygiene to the local Parent-Teacher Association February 25.

* * *

Dr. A. A. Steiner of Wacousta gave a talk on "Socialized Medicine" before the "Wacousta Circle," a woman's club, on February 9, 1937.

* * *

"Arctic Foods and Diets" was the subject of an address by Vilhjalmur Stefanson, Arctic explorer, before the Genesee County Medical Society on February 19th.

* * *

The Parent-Teacher Association of Saginaw will hear Dr. L. Fernald Foster of Bay City talk on "What Do We Ask of Health Agencies?" at its meeting of April 15.

* * *

The Lenawee County Medical Society is planning a "State Society Night" for Tuesdav, June 15, 1937. Dinner will be held at the Lenawee Hotel in Adrian at 6:30 p. m.

* * *

Dr. L. Fernald Foster of Bay City will be guest speaker at the meeting of the Exchange Club of Saginaw on April 6, 1937. His subject will be "State Medicine."

* * *

A Tri-County meeting of the Bay, Saginaw, and Genesee County Medical Societies will be held in Frankenmuth on March 10, 1937. The hosts will be the Saginaw Valley Academy of Ophthalmology and Oto-laryngology.

* * *

Dr. Harold W. Wiley of Lansing spoke before the Ionia-Montcalm County Medical Society in Belding on March 9, 1937. His subject was "Modern Conceptions of Maternal Health" which he illustrated by motion pictures.

* * *

"The Medical History of Michigan"—see the editorial on page 171 relative to this two-volume history which now sells for $3.00 (for both volumes). Only a few score sets remain, and it is advisable to order now, through 2020 Olds Tower, Lansing.

* * *

Dr. Henry E. Perry, President of the Michigan State Medical Society, addressed the Business and Professional Women's Club of Jackson on Tuesday, February 23, at the Hayes Hotel, Jackson. The title of his address was "Medicine of Today and Tomorrow."

* * *

Dr. W. E. Ward of Owosso, who has served the Shiawassee County Medical Society as Secretary-Treasurer for twenty-five years, resigned at the recent annual election of officers. Doctor Ward graduated from the University of Michigan in 1883, and has been in continuous practice ever since.

* * *

The Kansas Medical Society and its Executive Secretary, Clarence Munns of Topeka, Kansas, are thanked for their courtesy in aiding the Legislative Committee of the Michigan State Medical Society with the material for its booklet "Michigan Needs a Basic Science Law."

* * *

Grand Rapids will be the host city for the Seventy-second Annual Meeting of the Michigan State Medical Society, which will be held September 27, 28, 29, 30, 1937. Plan now to attend this interesting and educational convention. It will pay you big dividends.

* * *

Dr. J. Earl McIntyre of Lansing, secretary of the Michigan State Board of Registration in Medicine and Councilor of the Second District, was elected vice president of the Federation of State Boards of Medicine of the United States. The meeting was held at the Palmer House, Chicago, February 16, 1937.

* * *

We acknowledge with thanks the courtesy of the General Electric Sun Lamp Company, Bridgeport, Connecticut, for loaning to the Michigan State Medical Society an electrotype plate of a healthy laughing baby, which illustration was placed on the cover of the Legislative Committee's brochure "Michigan Needs a Basic Science Law."

* * *

Dr. C. D. Brooks of Detroit has been appointed as Chairman of the Committee on Local Arrangements for the meeting of the American Association for the Study of Goiter which will be held in Detroit June 14, 15, 16, at the Book-Cadillac Hotel. The members of the Michigan State Medical Society will be welcome as guests at this meeting.

* * *

The Bulletin of the Genesee County Medical Society is publishing each month an installment of local medical history. The February number contains a biography of Dr. Bela Cogshall (1842-1914). *The Kalamazoo Gazette* is also covering a similar field under the general title of "Reminiscences," written by Dr. Rush McNair of Kalamazoo.

* * *

Dr. H. W. Porter, Jackson, has been appointed Chairman of the Ethics Committee of the State Society by President H. E. Perry. President Perry also appointed Dr. Leo H. Bartemeier, Dr. J. W. Hawkins, and Dr. Wm. E. E. Tyson, all of Detroit,

to the Legislative Committee. Dr. Harold L. Morris of Detroit has been appointed to the Public Relations Committee.

* * *

A bi-monthly didactic psychiatric seminar is conducted at the Eloise Hospital for the training of residents in psychiatry. At each meeting a systematic paper is presented followed by organized discussion. On alternate weeks a Psychiatric Journal Club meets for the presentation and discussion of original papers, general psychiatric topics and reviews of current literature.

* * *

The Clipping Loan Collection Service at the A.M.A. headquarters, 535 North Dearborn Street, Chicago, is available to medical speakers invited to address lay groups. Material on any subject will be supplied by the Clipping Loan Collection Service, to aid you with your presentation before civic organizations, luncheon clubs, women's groups, parent-teacher associations, etc., etc.

* * *

The "Directory Number" of THE JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY will carry only the names of members in good standing as of April 1, 1937. Your 1937 dues must be paid by that date in order for you to be in good standing. Please see your County Secretary and pay your dues as soon as possible so that your name will not be omitted.

* * *

Michigan physicians and engineers who were on duty in the flood district included: Dr. C. D. Barrett, Director, Bureau of Communicable Diseases, Michigan Department of Health; Dr. R. C. Farrier, Health Officer of Delta County; Dr. C. D. Hart, District Health Officer, Newberry; Dr. Max Igloe, District Health Officer, Big Rapids; Mr. Raymond Faust, Mr. John Miller, Mr. LaRue Miller, engineers from the Michigan Department of Health.

* * *

Forty County Secretaries came to Lansing on February 7 to attend the Annual Secretaries' Conference, which was a very successful meeting. (See the detailed write-up in the Society Activities column). Only six secretaries from the Lower Peninsula were absent. Among those present who came a great distance were Dr. A. T. Rehn of Newberry, secretary of the Luce County Medical Society, and Dr. George A. Conrad of Sault Ste. Marie, secretary of the Chippewa-Mackinac County Medical Society, both from the Upper Peninsula.

* * *

A few more of your friends who entered technical exhibits at the Detroit Convention of the State Society, held in September, 1936, included:

Philip Morris & Co., Ltd., Inc., New York, N. Y.
C. V. Mosby Company, St. Louis, Mo.
Parke, Davis & Company, Detroit, Mich.
The Pelton & Crane Company, Detroit, Mich.
Pet Milk Company, St. Louis, Mo.
Petrolagar Laboratories, Chicago, Ill.
Picker X-Ray Corporation, New York, N. Y.
Pocahontas Fuel Company, Inc., Detroit, Mich.
Randolph Surgical Supply Company, Detroit, Mich.
E. H. Rowley Company, Detroit, Mich.

* * *

The Upper Peninsula Medical Society will hold its annual meeting in Houghton, on August 19 and 20, 1937. An executive committee consisting of Dr. W. A. Manthei, General Chairman, Lake Linden; Dr. C. A. Cooper, Hancock; Dr. Alfred LaBine, Houghton; Dr. L. S. Leo, Houghton, and Dr. Joseph R. W. Kirton, Calumet, was appointed. Subcommittees will be appointed by this group, and a plan of organization worked out to make this meeting one of the high spots of the year. Upper Peninsula physicians are asked to bear the date in mind when planning their summer activities.

"Social Security and Health Insurance" was the title of a Medical Economics abstract which appeared in *The Journal of the American Medical Association* on January 30, 1937, as follows (page 40B):

"The visionary talk of health insurance should be replaced by a more practical and very necessary talk of job assurance is the opinion of H. E. Perry, M.D. Give every worker a job and enough wage to pay his bills and more. Then the problem of distribution of medical care will not exist. Government (of all types) should stay out of the practice of medicine for the good of the public and medical progress. Leave medical practice to medical doctors who are fitted for the job by training, experience and legal qualifications."

* * *

Crippled and Afflicted Child Commitments for January, 1937:

Crippled Child: Total of 157.

Of the total number 70 went to the University Hospital and 87 went to miscellaneous local hospitals.

From Wayne County (included in above totals): Total cases 41.

Of the 41 cases in Wayne County, 5 went to University Hospital and 36 to local hospitals.

Afflicted Child: Total of 1,016.

Of the total number 190 went to University Hospital and 826 went to miscellaneous hospitals.

From Wayne County (included in above totals): Total cases 275.

Of the 275 cases in Wayne County, 19 went to University Hospital and 256 went to miscellaneous hospitals.

* * *

Michigan physicians who have written papers which appeared in recent issues of *The Journal of the American Medical Association* are Drs. F. A. Coller and W. G. Maddock of Ann Arbor whose article was entitled "Water Balance in Surgery." "Encapsulated Brain Abscess" is the title of a paper by Dr. E. A. Kahn of Ann Arbor published in the January 9 issue. "The Physician and the Traffic Problem" by Dr. Lowell S. Selling of Detroit; and "Management of Facial Injuries Caused by Motor Accidents" by Dr. C. L. Straith of Detroit, also originated in Michigan, and appeared in the January 9 number.

"Cancer of Lip" by Drs. U. J. Wile and E. A. Hand of Ann Arbor, was published in the January 30 issue. Dr. Ferris Smith of Grand Rapids is the author of "Lipoma of the Tongue" appearing in *The Journal of the A. M. A.* of February 13.

* * *

Dr. J. D. Bruce of Ann Arbor, Vice President in charge of University relations, was appointed by the Board of Regents on January 22, 1937, as Chairman of a new division of the University called "A Division of Extra Bureau Purposes," which will act as an advisory body to directors of the following University divisions and activities: Postgraduate Activities; all sections and bureaus in the Extension Division; The Library Extension Service; The Bureau of Appointments and Occupational Information; The Bureau of Alumni Relationship; The Bureau of Coöperation with Educational Institutions; The Bureau of Student-Alumni Relationship; The In-service Training Department of the Bureau of Reference and Research in Government; The Industrial Teachers' Training of the Department of Vocational Education; and such other divisions and activities of the University that from time to time will be included.

Congratulations, Doctor Bruce!

"State Society Night" was marked by the Shiawassee County Medical Society, February 18, 1937. Sixty physicians representing the Michigan State Medical Society, and doctors from Shiawassee, Clinton and Genesee Counties attended a "State Society Night" held in the Owosso City Club under the sponsorship of the Shiawassee County Medical Society in collaboration with the Clinton County Medical Society.

The banquet meeting was preceded in the afternoon by sessions of the Executive Committee of The Council of the State Society and the Legislative Committee.

In an effort to acquaint members with work of the State Society, the following officers spoke following the dinner:

Dr. Henry E. Perry of Newberry, president, spoke on "What Organized Medicine Means to the General Practitioner;" Dr. Paul R. Urmston, Bay City, chairman of The Council, on "What Your Officers Do;" Dr. L. Fernald Foster, Bay City, secretary, on "Committee Work of the State Society;" Dr. Frank E. Reeder, Flint, speaker of the House of Delegates, on "Work of the House of Delegates;" Dr. L. G. Christian, Lansing, chairman of the Legislative Committee, on "Legislative Problems;" Dr. Henry Cook, Flint, president-elect, on "The Future of Organized Medicine," and Dr. Henry R. Carstens, Detroit, chairman of the Finance Committee of The Council, on "Financial Set-up of the State Society."

Wm. J. Burns, executive secretary, discussed organization problems. Remarks were also made by councilors of the State Society—Dr. Fred Baker of Pontiac, Dr. A. S. Brunk of Detroit, and Dr. F. T. Andrews of Kalamazoo.

Among other prominent physicians present were: Dr. James H. Dempster of Detroit, editor of THE JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY; Dr. Howard H. Cummings of Ann Arbor, member of The Council; Drs. Wm. E. E. Tyson and J. W. Hawkins of Detroit, members of the Legislative Committee. There was a delegation of fifteen physicians from Flint in attendance at the meeting.

Dr. Herbert Randall of Flint and Dr. A. M. Hume of Owosso, past presidents of the Michigan State Medical Society, were present.

* * *

Midwest Conference on Occupational Diseases

Dr. Henry Cook, president-elect of the Michigan State Medical Society, has accepted the co-chairmanship of the general committee arranging for the Midwest Conference on Occupational Diseases in Detroit, May 3 to 7. In accepting this appointment, Dr. Cook writes: "The problems of occupational diseases and industrial hygiene are of greater significance to the physicians of Michigan and other midwestern states at this time than at any previous period. The Midwest Conference should go far in familiarizing large numbers of physicians and others with these particular types of diseases, their diagnoses, and management. Personally, I am much interested in the work that is being planned and look forward to stimulating sessions and a large attendance."

Other chairmen working with Dr. Cook are: Dr. C. C. Slemons, Health Commissioner of the state; Dr. Henry F. Vaughan, Health Commissioner of the city of Detroit; Dr. Gordon Harrold, representing the Engineering Societies of the state; Dr. Carey P. McCord, who has long worked as a consultant on occupational diseases.

The Detroit Dermatological Society will furnish one complete half day's program during the Midwest Conference devoted to industrial skin diseases. The chief speaker will be Dr. Marion Sulzburger of New York, who will discuss the ways and means for precisely tracing skin diseases to causative agents in industry. Dr. Loren Shaffer of Detroit and Dr. R. C. Jamison of Detroit will likewise participate in this dermatological program.

The completed program will be published in the April issue of the JOURNAL. Among other speakers addressing those in attendance will be Dr. William D. MacNally of Chicago, Dr. Emery Hayhurst of Columbus, Dr. C. O. Sappington of Chicago, Mr. J. M. Dallavalle of Washington, D. C., and Dr. John G. Cunningham of Toronto.

The Midwest Conference after three days of programs will merge with the American Association of Industrial Physicians and Surgeons and the Michigan State Association of Industrial Physicians and Surgeons for the programs of Thursday and Friday of the conference week.

One entire day will be featured by laboratory demonstrations—laboratory apparatus and procedure connected with industrial hygiene and occupational diseases. These demonstrations will include dust counting, carbon monoxide measurement, patch testing for skin diseases, blood work in lead poisoning, the use of animals in appraising dust hazard, noise measurement, gas analyses, et cetera.

COUNTY AUXILIARIES

(Continued from page 201)

Saginaw County

The February meeting of the Saginaw County Auxiliary was held at the home of the president, Mrs. A. E. Leitch, Saginaw, Tuesday evening, February 16.

Plans were completed for the annual "Bring-Your-Husband Dinner-Dance" held Thursday, February 18, in the Crystal Ball Room of the Bancroft Hotel.

Mrs. Claire L. Straith, of Detroit, vice president of the State Auxiliary, was present and spoke briefly on organization work in the state.

Honors at games went to Mrs. Straith, Mrs. F. E. Luger and Mrs. Robert Jaenichen. Refreshments were served late in the evening.

Members of the Saginaw County Medical Auxiliary added another success to their list of delightful entertainments, Thursday evening, February 18, when they gave their annual "Bring-Your-Husband Dinner Dance" in the Crystal Ball Room of the Bancroft Hotel.

The floor show, given under Miss Maybelle Lawford's supervision, was greeted with much applause. It included waltz clogs, comedy routine, tap dancing and jazz toe dancing. Several special numbers were given by a clever young saxaphonist.

Coffman's orchestra played for dancing until midnight.

The committee assisting the president, Mrs. A. E. Leitch, included Mrs. Milton C. Butler, Mrs. Arthur Grigg, Mrs. G. E. Tiedke, Mrs. R. S. Jiroch, Mrs. G. R. Murray, Mrs. Stuart Yntema and Mrs. C. E. Tochach.

Preceding the party several delightful hors d' oeuvres parties were given in various homes.

MRS. LLOYD C. HARVIE,
Press Chairman.

* * *

Wayne County

Dr. Harold Mack was the guest speaker of the Wayne County Auxiliary, Friday, February 12, at the Medical Club Rooms. Doctor Mack's subject was "Oliver Wendell Holmes." At the conclusion of the talk, tea was served to approximately seventy-five members and guests.

THE DOCTOR'S LIBRARY

Acknowledgment of all books received will be made in this column and this will be deemed by us a full compensation to those sending them. A selection will be made for review, as expedient.

A HAND-BOOK OF OCULAR THERAPEUTICS. By Sanford R. Gifford, M.A., M.D., F.A.C.S. Professor of Ophthalmology, Northwestern University Medical School, Chicago, Illinois; Attending Ophthalmologist, Passavant Hospital, Wesley Memorial Hospital, Evanston Hospital and Cook County Hospital, Chicago, Illinois. Second edition, enlarged and thoroughly revised, published in 1937. 12 mo, 341 pages, illustrated with 60 engravings. Cloth, $3.75, net. Philadelphia: Lea & Febiger.

Among the subjects discussed in the second edition of this work are anesthetics, narcotics and hypnotics, drugs and organ extracts used in ophthalmology, specific and non-specific protein therapy and physical therapy. The book is divided into chapters on diseases of the lids, conjunctiva, cornea, uveal tract, crystalline lense, retina, optic nerves and central visual pathways, lacrimal apparatus, disorders of the muscular apparatus and diseases of the orbit and injuries to the eye. A chapter is devoted to glaucoma. The subject of diagnosis is discussed only so far as as it is necessary to intelligent treatment. The book will be found of great value, not only to specialists, but also to the general practitioner. The latter, however, should approach the subject with a great deal of caution and with a full knowledge of his limitations. There are locations, however, where an ophthalmologist is not easily accessible.

SKIN DISEASES IN CHILDREN. By George M. MacKee, M.D., Professor of Clinical Dermatology and Syphilology, New York Postgraduate Medical School, Columbia University, New York; and Anthony C. Cipollaro, M.D., Associate in Dermatology and Syphilology, New York Postgraduate Medical School, Columbia University, New York, with 153 illustrations. New York and London: Paul B. Hoeber, Inc., Medical Book Department of Harper and Brothers, 1936.

The author recognizes the inefficacy of any attempt to classify scientifically dermatologic diseases and has wisely omitted any such attempt. Rather has he grouped skin affections, for this discussion, in some cases, according to their etiology and, in other cases, according to the pathology found, although long pathologic descriptions are not included here. In other cases, the conditions are grouped according to the part of the body affected; others we find grouped because of similarity of symptoms. This arrangement has been fortunate since it makes for simplicity and easy comprehension, especially for the pediatrician. In each case, enough of symptoms is given to make differential diagnosis possible. The chapter on the eczematous diseases, which seems, in most books, to be much involved in lengthy discussions, is here simplified so that one can not help but have a clearer understanding of this group of diseases.

Throughout the book treatment is stressed. While one is expected to learn some few prescriptions, as in most books on this subject, here more attention is given to the rationale of the use of drugs in their varying strengths as they are applied to the skin.

In the chapter on syphilis, the author gives considerable space to a description of the morphology of the lesions of the disease as they appear in the skin, especially with reference to their distribution and the stage of the disease in which they appear. The illustrations are clear and add much to the value of the book.

DIETETICS FOR THE CLINICIAN. By Milton Arlanden Bridges, B.S., M.D., F.A.C.P., Director of Medicine, Detention, Rikers Island and West Side Hospitals, New York; Consulting Physician, Seaview Hospital, Staten Island, New York, and Department of Education, New York University, New York; Assistant Professor of Clinical Medicine and Lecturer in Therapeutics and Nutrition, New York Postgraduate Medical School of Columbia University; Associate Attending Physician and Chief of Diagnostic Clinic, Postgraduate Hospital, New York; Fellow of the New York Academy of Medicine. Third edition, enlarged and thoroughly revised, published 1937. Octavo, 1055 pages. Cloth, $10.00, net. Philadelphia: Lea & Febiger.

This is a thoroughly practical book, not only for the clinician, but for the dietitian and even the layman who is sufficiently trained to read it intelligently. It contains a vast amount of data on the subject of foods and beverages. Among the subjects discussed are the vitamin factors in diet, the physiology and chemistry of digestion, the mechanics of digestion, classification and structure of foods. Besides this, two sections are devoted to pediatrics, one on infant feeding and the other on the dietetic management of diseases of children. Four hundred and seventy-six pages are devoted to the management of diseases of adults where diet fills an important rôle. The appendix of the book includes over two hundred pages of tables, summarizing the analysis of common foods, including nationally recognized commercial products. The work offers a complete summary of the field of dietetics with an extensive review of its current literature. The chief objective of this work, as mentioned, has been to supply a worthwhile addition to the armamentarium of the nutritional expert, the home economist, the general practitioner and the hospital interne. The book is strongly recommended.

Michigan Industrial Physicians and Surgeons!

Midwest Conference on Occupational Diseases
Detroit, May 3-4-5, 1937

and

Michigan Association of Industrial Physicians and Surgeons Annual Meeting
(with the American Association)

Detroit, May 6-7, 1937—Statler Hotel

Largest Industrial Accident and Occupational Disease Conference in History

The first section of this week will deal with the problems of occupational diseases, and the meeting of the National Association will this year bring together the directors of the larger industries of the country and the directors of their medical departments to discuss the problems common to management of the medical departments.

The National Association meeting is being arranged by Dr. C. D. Selby, Chairman, who is the Medical Director of the General Motors Corporation; Dr. A. W. George, Medical Director of the Packard Motor Company; Dr. A. L. Brooks, Medical Director of Fisher Body; Dr. J. J. Prendergast, Medical Director at the Chrysler Corporation; Dr. A. H. Whittaker, Detroit, and Dr. Grover C. Penberthy, Detroit.

ALL MEDICAL MEN AND WOMEN IN GOOD STANDING CORDIALLY INVITED

MICHIGAN ASSOCIATION OF INDUSTRIAL PHYSICIANS AND SURGEONS
MEMBERSHIP APPLICATION BLANK

Michigan Association of Industrial Physicians and Surgeons,
1394 East Jefferson Avenue,
Detroit, Michigan.

I am interested in industrial accident and occupational disease problems and work, and wish full information regarding the Midwest Conference on Occupational Diseases and the National Meeting of the American Association with which the Michigan Association of Industrial Physicians and Surgeons will meet in Detroit next May.

I desire to apply for membership in the Michigan Association of Industrial Physicians and Surgeons, and enclose annual dues of $3.00 which includes my subscription to "Industrial Medicine."

....., M.D.

..... (street) ..... (city)

Date..... Member of.....County Medical Society.